FOR

STATE OF MARYLAND DEPART MENT OF HEALTH AND MENTAL HYGIENE \$2

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	1	19	194	1949

		REGISTRAR				CERTI	FICATE OF	DEATH		REG N	10		-		V
		CEASED NAME	FIRST	= 777	WIDDLE		LAST		20 DATE C		MONTH	DAY	YEAR	26 HOUR	
		Belle			C.	A	lkire				08	03	82	10:27	7 A
	3 SE	X		4 RACE		5. DATE	OF BIRTH	MEAD	6 AGE (IN	YEARS LAST BI	RTHDAY)	IF UNI	DER I YEAR	IF UNDER 24	
1		emale		Caucas		01	29	97			85 YRS	MUNIA	DAYS	HQURS	MIN.
-	7a BI	RTHPLACE (STATE OR FO	DREIGN	76. CITIZEN OF	WHAT COUNTRY?	MARRII	ED NEVER	MARRIED -	9 BALTIM	ORE CITY	OR COUN	TY OF D	EATH		-
2		ennsylvani.		US		WIDOW		NORCED [A	llega	ny				MD
)	0	umberland		Lions I	HOSPITAL, NURSING CHEACILITY, GIVE STREET	on Dr	., Cumb	,MD	120 USUAL TYPE OF WO	OCCUPAT RK FOR MOST SEWII		G EIFE) 12	L KIND O	F BUSINES	SOR
7	130 S	laryland	13P CON	OTHER INSTITUTION NTY Legany	GIVE RESIDENCE BEFORE 13c CITY OR TOW Lonaconi	/N	13d. INSIDE	NO [13e STREET 118 W	ADDRESS Mai	n St	reet			
	14. FA	THER'S NAME FIRST		WIDDLE	LAST			S MAIDEN NA	AME	WIDDLE		116	105		
2		Charles			Stuby	12.1		Lissa				M	ille	c	
		VAS DECEASED EVER II		MED FORCES? E WAR OR DATES)	166 SOCIAL SECU	JRITY NO.	17 INFORM	ANT		ADDR	ESS	441			
77		No			216-07-	0959	Lions	Manor,	Seton	Dr.,	Cumb	perl	and,	MD21	502
		18 CAUSE OF DEATH PART I, DEATH WA	Enter on	ly one cause per	line for iai, (b), an	de a	1100	0.10	1 0	40.	1.	. 1	BETWEEN	MATE INTERVA	ATH
				E CAUSE (a)	are	W-11	JUUS	enta	n a	eu	ul	10			
		4560)	DUE TO, O	R AS A CONSEQUE	ENCE OF									
1		Conditions, if ony,		(b)_								_			
4		cause (a), stating underlying cause	last.	DUE TO, O	R AS A CONSEQUE	ENCE OF									
		DARI O OTHER CICAL	ICIC ANIX ((c)											
	Z	PART 2 OTHER SIGNI	FICANT	ONDITIONS C	ON IKIRALING TO L	DEATH BUT	NOT RELATE	O TO THE TERM	MINAL DISEAS	SE OR CON	DITION G	SIVEN IN	PART 110		
	CERTIFICATION	190 DATE OF OPERATE	ON	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	DRMED	20c AUT	OPSY?	20b. IF Y	ES. WEF	RE FINDIN	GS USED	
	TIFIC								YES 🗆		IN CER			OF DEATH	?
)	CER	21g. ACCIDENT WAS UNDE	RLYING	21b. TIME C			21c. HOW IN	JURY OCCUR		ATURE OF INJU	1		R PART 21	NO []	
		OR CONTRIBUTING CA			M. MONTH DA	AY YEAR									
4	MEDICAL	214 INJURY OCCURRE		21e PLACE	OF INJURY		211. LOCATI	ON							-
1	×	WHILE NOT WHILE	E	(AT HOME STI	REET FACTORY OFFICE, F.	ARM ETC]	STREE			CITY OR TO	NW)	C	OUNTY	STAT	16
1		22a.1 certify that	this haspi	al) attended th	e deceased from_	08-0	2	19 78	, to	08-03	-	, 19	82	that W (we) last
1		saw the deceased above, (I) (We) (de	d alive an	- 08-0	ofter death	82	nd that in (my)	(our) opinion	death occurre	ed on the d	ate and h	our and	from the	couses state	d
1	И	226 SIGNATURE		100	Q		DEGREE					2	2c. DATE	SIGNED	
		Du	in	NIL	wi.			PHYSICIAN [MEDICAL	D PHYSIC	FF CIAN [
1		22d PHYSICIAN'S NAM					22e ADDRES					-			300
		Shan A. N	ather	n M.D.			Memor.	lal Hos	p. Med	ical	Dldg.	., C	umbe	rland,	, MD
1	23a B	urial, cremation, ri	EMOVAL	TH DATE			EMETERY OR		23d LOC		- Miner		-	:. 1	
1	14. 15	BURLAL		8/6/8	2	ILOS	CEMETE			TERNI		ALLIE	galla.	mag	- /
1	2	May	re	100	Cons.	er in a		250.	NG D. B.C	HOTAR	O REGI	STRAR'S	SIGNATU	IRE	
1	K	DALS FUNERA	L SE	RVICE, P	.A. WESTE	HNPOR	T,MD.	21562							

BP.

ATTENDING PHYSICIAN: The low attending physician.

TO HOSPITAL OR ATTENDIN

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and campletely tilled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

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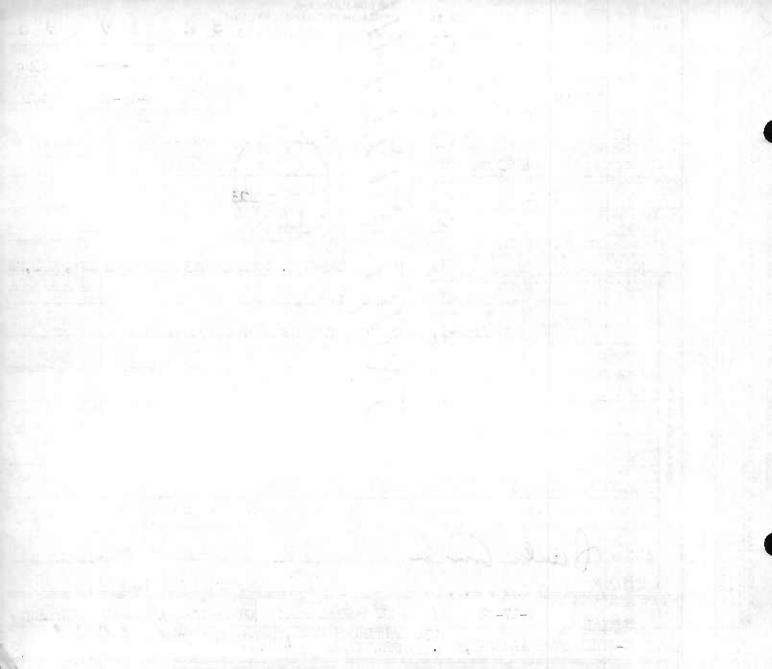
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STATE OF MARYLAND

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AND DESCRIPTION OF THE PERSON			

		FOR STATE		DEPARTMENT OF HEA	F MARYLAND LTH AND MENTAL HYG	24 /	0 4 0 5
3		REGISTRAR		DICAL EXAMINER		DEATH REG. NO.	7 4 7 3
		CEASED NAME FIL	RST	WIDDLE	LAST		ONTH DAY YEAR 76. HOUR
П			Ruby		Anderson	DEATH MATED 0	-14-82 ₁₉ 2358 _m
	3. SE)	F WHICE	5. DATE OF BIRTH MONTH DAY 9-1-189	YEAR LAST BIRTHDAY) A	FUNDER 1 YR. IF UNDER 24 I	PRONOUNCED 8-1	5-82 19 0010 _M
5	FO	RTHPLACE (STATE OR REIGH COUNTRY) MARYLAND TY OR TOWN OF DEATH	76. CITIZEN OF W	A wit	ARRIED NEVER MARRIED	Allegany	
	(Cumberland	4"23 Hen	SPITAL, NURSING HOME, OR AGILITY, GIVE STREET ADDRESS) derson	OTHER INSTITUTION 120	D. USUAL OCCUPATION (TYPE OF W FOR MOST OF WORKING LIFE) HOUSEWIFE	ORK 126 KIND OF BUSINESS OR INDUSTRY
	130. S	AL RESIDENCE (IF IN NURSING I	Tegany	13c. CITY OR TOWN	13d INSIDE CITY LIMITS? 13A	Henderson	
	14. FA	CHARLES	MIDDLE	ROSËNMERKEI	15. MOTHER'S MAIDEN N BARBRA	NAME	BAER
		VAS DECEASED EVER IN U.	S. ARMED FORCES?	168. SOCIAL SECURITY NO	17. INFORMANT	ADDRESS	
		NO		217-28-2345	TRENE F. LOC	KARD 423 HENDER	SON AVE.CUMB.MD
		PART I DEATH WAS C	ter anly ane cause per line AUSED BY: EDIATE CAUSE (a)		v arrest		approximate interval BETWEEN ONSET AND DEATH
1		4292	DUE TO, OF	R AS A CONSEQUENCE OF	y wriest		Suaden
Н		Conditions, if any, a	which digte (b) Ar	teriosclerotic	cardiovascula	r heart disease	vrs
		cause (a) stating the <u>u</u> lying cause last.		R AS A CONSEQUENCE OF	<u> </u>	neure discuse	y.1.3
		PART 2 OTHER SIGNIFICANT COND	TIONS CONTRIBUTING TO GEATH	BUT NOT RELATED TO THE TERMINAL O	SEASE OR CONDITION GIVEN IN PART 1		
Н	Z	- 1		ular accident.	(vrs)		
7	AT	196 DATE OF OPERATION	19b. CONDI	ITION FOR WHICH OPERATIO			20 AUTOPSY?
1	TIFIC						YES NO V
7	L CERTIFICATION	210 EXTERNAL CAUSE WA	HOUR A.A	F INJURY M. MONTH DAY YEAR	t. HOW INJURY OCCURRED (E	ENTER NATURE OF INJURY IN ITEM 18 PART 1	
	MEDICAL	CONTRIBUTING CAUS			LOCATION		
	MEE	WHILE NOT WHILE AT WORK AT WORK	STREET, FAC	CTORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
		220. I certify that I taak	charge of the remains de	scribed abave, held an A	itapsy . Inspection .	. Inquiry X, and in a	ny apinian
		death resulted fram	Natural causes 👢 ,	Accident , Suicide	, Hamicide , L	Indetermined manner	
		ACTUAL A	-0/		TITLE (SPECIFY)		
2		SIGNATURE	ent or	ch n	M.D. Assit.	MEDICAL EXAMINER SI	ATE 8-15-82
Z		EXAMINER'S NAME (TYPE OR PRINT)	aul Snow. M	.D.		lemorial Hospita	
	{5	URIAL, CREMATION, REMOVED PECIFY) BITETAT.	7AL 236 DATE 8-17-82	HILLCREST E	URIAL PARK C	UMBERTAND ALLEG	ÁNÝ MARYLAND
		BURTAT. JNERAL DIRECTOR	TTOWNS A T ADDRESS	230 BALTIM	ORE AVH250 DATE REC	3 1987 PEGISTRAN	SSCATURE
	LEA	SURE-STEIN F	UNERAL HOME	, INC CUMBERLAN	D,MD AUGZ	0 1301	1



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(VRA 15, 4)

STATE OF MARYLAND

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	1 -	FOR STATE REGISTRAR		DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	0	2 REG. NO.	1 9 4	9 7
		EASED NAME FIR	James Chri	is topher	Auvi	AST L	20 DATE OF D		1982 YEAR	76 HOUR
2 3	B. SEX	Male	4 RACE	te	Jan	22, 1974 ^{AR}	8	RS LAST BIRTHDAY)		HOURS MIN.
35	C	THPLACE (STATE OR FOREIC DUNTRY) aryland	76 CITIZEN OF	WHAT COUNTRY	? 8 MARRIE WIDOWI	D NEVER MARRIED		Allegar	ny	MD
00		Y OR TOWN OF DEATH Cumberland	(1F NOT IN SUI	CHEACILITY, GIVE STREET	Ave.	DR OTHER INSTITUTION		CUPATION OR MOST OF WORKIN dent	INDUSTRY Elen	nentary
35	USUA 13a S M	RESIDENCE (IF NURSING H TATE 13b aryland A	ome or other institution COUNTY	GIVE RESIDENCE BEFO	re admission) NN Land	13d INSIDE CITY LIMITS? YES AO		Louisia	ana Ave.	001
exemine 11	4 FA	THER'S NAME FIRST J. Et	ngene Auvi	LAST		15. MOTHER'S MAIDEN N FIRST Helen	Lee Bow		LA	ST
medico		AS DECEASED EVER IN U	.S. ARMED FORCES? YES GIVE WAR OR DATES)	166 SOCIAL SEC	URITY NO.	Mr. & Mrs.	J. Euge	ADDRESS ne Auvil		XIMATE INTERVAL
y injury, or other troun	TION		DUE TO, C		E DEATH BUT	ymphocyf hot related to the ter	re leur		GIVEN IN PART 1	Yrs (a
or Item 18 shows any	L CERTIFICATION	210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSI	ING 21b. TIME O	OF INJURY M. MONTH	DAY YEAR	The HOW INJURY OCCU	YES 🗌	NO []	RTIFYING CAUSE YES [S OF DEATH?
morked or Item	MEDICAL	(IF EITHER NOTIFY MEDICALE) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE	.M. OF INJURY IREET, FACTORY, OFFICE	FARM, ETC)	211. LOCATION STREET		CITY OR TOWN	COUNTY	STATE
m 21 15 ma		27a. I certify that (I) (this saw the deceased a above, (I) (we) (did)	hospital) attended t live an 5/2 did not) view the bad		82 /	nd that in (my) (aur) apinio	on death accurred	8/12 on the date and	haur and from the	, that (I) (we) last e causes stated E SIGNED
with the Store Dept		724 PHY ICIAN'S NAME	rt J. Daws	on M.D	1.7	ATTENDING PHYSICIAN 77e ADDRESS 500 Green	DIRECTOR	STAFF PHYSICIAN [8/1	3/82
	(URIAŁ, CREMATION, REM SPECIFY) Burial	10VAL 236. DATE 8-14	-1982 ²³⁶	NAME OF C	EMETERY OR CREMATOR	Gardens	La ya	le Allega	state
M 1/81 4)	24 FL	NAME Jame	es F.Scarp	elli ADDRESS	Cumber	land, Md. 250. D	NG 1 719	GISTRARDY RE	GISTRARO SIGNA	Will

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	1 -	FOR STATE REGISTRAR			DEP	ARTMENT OF H	E OF MARTLAND IEALTH AND MENTAL HYG ICATE OF DEATH	GIENE 8 2	0	9 4	9 8	
		CEASED NAME ORPRINT)	Mildr	ed	MIDDLE R	Bak	er	20 DATE OF DEATH 8/31/8	MONTH DA	Y YEAR	26 HOUR 10:20	
1	SE)	€ male	4	white		5. DATE 0		6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I			IF UNDER 24 HR	
5		THPLACE (STATE OR F			SA	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR COUNTY OF DEATH Allegany Co				
/		rostburg,					Hospital	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF HOUSEW.		126 KIND OF	Home	
~	Ba S		136 ATTE	gany			13d. INSIDE CITY LIMITS? YES NO X	13e. STREET ADDRESS BOX	574			
0		THER'S NAME FIRST Norman		NDDLE	Garli		15. MOTHER'S MAIDEN NAI Rhoda	MIDDLE		ison		
1		AS DECEASED EVER ES, NO OR UNKNOWN) NO		MED FORCES? WAR OR DATES)		SECURITY NO. 4 8455	J Robison	48 Tarn T		, Fros	tburg	
2	CERTIFICATION	PART 2 OTHER SIGN 190 DATE OF OPERAT	HIFICANT CO	(c) ONDITIONS <u>C</u>	ONTRIBUTING		NOT RELATED TO THE TERM	200 AUTOPSY?	IN CERTIFYII	VIN PART 110 WERE FINDIN NG CAUSES	GS USED OF DEATH?	
		210 ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEAT		OF INJURY M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	YES NO.	YES [I I OR PART 2)	NO 🗍	
	MEDICAL	21d INJURY OCCURR	ED	21e. PLACE	OF INJURY		211 LOCATION STREET	CITY OR TO	wn	COUNTY	STATE	
		220 I certify the () sow the deceare above (I) (we) d				E2 / 1	nd that in (my) (our) opinion o	death accurred on the de	ote and hour o	and from the c	hat (1) (we) lo	
4		226. SIGNATURE 226. PHYSICIAN'S NA	ME (TYPE OR	fl	hil	9,	ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STA		8-3/	-82	
4			Dieh1		113	22. NAME OF C	Main S	t., Frostbu	irg, MD	. 2153	2	
	15	Burial	REMOVAL	23b. DATE 9/2/	82		emetery or crematory Cemetery	Garrett	Count			
2	4 PU	Director	Fune	ral H	OME		1250. DAN	EP 7 1982	256 REGISTRA	R'S SIGNAR	Phill	

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	Allegany Co	A August		17	
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	it. Frestburg. "		100	-	
				7.00	77 A.H. 40 E.

	-					AARYLAND			-		0
		FOR STATE		DICAL EXAM		AND MENTAL H	F DEATH		9	4 4	4
		REGISTRAR CEASED NAME FIRST	ME	MIDDLE	IINEK 3 (LEKTIFICATE		REG. NO.			
		LEC)	JOSEPH		47070	20. DATE OF	ESTI-		2 82	26 HOUR
	3 SE)		Is. DATE OF BIRTH	I6. AGE (I		ARRY DER 1 YR. IIF UNDER			AONTH .	DAY YEAR	10 100
			MONTH DAY	YEAR LAST BIR	THDAY) MONT		MIN. PRONOU	NCED .	0	0.0	10:4
		LE WHITE RTHPLACE (STATEOR	5/26/	10 72	YRS.	35		AORE CITY OR	COUNTY	1982	, px
-	FO	RYLAND	U.S.A		WIDOW		IED L	LLEGAN		o. ocam	
-		TY OR TOWN OF DEATH	11. NAME OF HOS	SPITAL, NURSING HO	OME, OR OTH		12a. USUAL OCCU	PATION (TYPE OF	_	IND OF B	USINESS
		ROSTBURG	149 MI	PLEAS	ANT ST	TREET	LABORE	RKING LIEE)		A.B.L	
-	13a. S		VTY	13c. CITY OR TOW	N		13e. STREET ADDR	ESS			
		ARYLAND ALL	EGANY	FROSTBU	JRG	YES NO	149 M.	PLEA	ISAN'	T STR	EET
	17. 67	FIRST	MIDDLE	D ADD V		15. MOTHER'S MAIDE FIRST	INNAME	AIDDLE		LAST	
	16n V	JAMES VAS DECEASED EVER IN U.S. AF	RMED FORCES?	BARRY	IRITY NO	CLAR A	cm	THE DESCRIPTION		SMITH	
	(4	ES, NO, OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)				ST.	FRUSTI	JUNG	, MD.	A CLA STON
ŀ		NO N. 18 CAUSE OF DEATH (Enter of PART I DEATH WAS CAUSE)	A .)=1+1+56	Mrs. LE		RRY, 149	MI	APPROXIMAT	
		TART TOCATT THAT CAUSE	D DI:	CANCE	R OF	PHE INTES	TINES			BETWEEN ONS	T AND DEATH
	17	1.590 MMEDIA	TE CAUSE (a) DUE TO, OR	AS A CONSEQUEN	CE OF						
		Canditians, if any, which									
		cause (a) stating the under	< ,	AS A CONSEQUEN	CE OF						
		lying cause last.	(e)								
	7	PART 2 OTNER SIGNIFICANT CONDITION	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE	TERMINAL DISEAS	E OR CONDITION GIVEN IN PA	RT T (d)				
	CERTIFICATION	19a DATE OF OPERATION	19h CONDI	TION FOR WHICH O	DEPATION 144	AS DEDECORATED?					
1	FICA	THE OF OFERATION	178 CONDI	HON FOR WHICH O	FERMIUN W	AS FERFORMED!				20 AUTOPSY	1.00
-	ERTI	21a EXTERNAL CAUSE WAS	21b. TIME O	FINJURY	21r H	OW INJURY OCCURRE	D JENTER NATURE OF IN	IN IPY IN ITEM 19 PART	I OR DART	YES X	NO [X
		UNDERLYING DOR	HOUR A.M	MONTH DAY Y	EAR	O NOW! OCCURRE	D IT ALEK LAVIOUS OF IL	SAME IN HEM TO LUKE	- VETAKI 2	17	
	MEDICAL	CONTRIBUTING CAUSE OF		OF INJURY (ATHOM	21f LO	CATION					
	M	WHILE NOT WHILE		TORY, FARM, ETC.)		STREET	CITY OR TO	WN	COUNT	TY	STATE
		AT WORK					[49]	বেল		M-1-1-1	
		22a I certify that I taak char	-	(71)					n my apini	ian	
		death resulted fram: Natu	oral causes 🔼 ,	Accident L	Suicide	. Hamicide .	Undetermined m	anner .			100
		ACTUAL :	antes	20 /20	us	Deputy			DATE	8/13/	82
		SIGNATURE	1	- 1	_ M	D	MEDICAL EXA	AINER	SIGNED_	7	3/3
1	igh.	EXAMINER'S NAME	ancisco	Reyes	90 		Seton	Dr. Cw	nber	rland,	Md.
1	23a.B	URIAL CREMATION REMOVAL	23b. DATE	23c NAME OF		R CREMATORY	23d. LOCATION				
	(5	BUR IAL	8/14/80	SUNSE		ORIAL PA	CITY OR TOWN	TOT A BITT	ATT	EGAN	TATE DATE
	24. Ft	INERAL DIRECTOR	n. X 10,14,6				REC'D. BY REGISTR	AR 256 REGISTA	AR'S SIG	NATURE	, MI
	S	OWERS FUNER		FROSTBU		LANG	31 71982	2.	0 1	2	
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	1-	FOR STATE REGISTRAR				STA MENT OF EXAMIN	HEALTH		ENTALH		3u 4		9 5 0	0
		CEASED NAME	FIRST	/	MIDDLE			LAST			20. DATE KNOW!	NO.	H DAY YEAR	Zb HOUR
b	(14)	PE OR PRINT)	OREY S	SHANE	BAR	TLETT					OF ESTI-		18-82	023.5
1	3. SE.	4 RACE	S. DA	TE OF BIRTH	YEAR	6. AGE (IN YE			IF UNDER		20 DATE PRONOUNCED	MONTH	DAY YEA	
		M Negr		10/10/		12 Y	RS. MONI	HS DAYS	HOURS	MIN.	DEAD	8-18	-82 19	02345
1	70 B	IRTHPLACE (STATE OR DREIGH COUNTRY)	7b. C	ITIZEN OF WH		NTRY?	8. MARR	IED NE	DIVORC	IED 🔄	ALLEGA:	_	NTY OF DEATH	
	10 C	W. VA	11. N	IAME OF HOSE	US A	RSING HOM					AL OCCUPATION		12b. KIND OF I	MD. BUSINESS
)		umberland	(4)	Memor Memor	ility, GIVES	Hosp:	ital			FOR M	tudent		OR INDUS	STRY
-	13a. S	AL RESIDENCE (IF IN MURSIN TATE 136 Md A	is now or other i. COUNTY .11egai	R INSTITUTION, GIV	113c CITY	OR TOWN		13d. INSIDE	CITY LIMITS?	13e STRE	et address Indepe	ndenc	e St	
1	14. F	ATHER'S NAME	MIDD	LE		LAST		15. MOTH	IER'S MAIDE	NAME	MIDDLE		LAST	
-	16a. \	TARRY WAS DECEASED EVER IN	RAYMO U.S. ARMED FO	ORCES?	BART'I	LETT CIAL SECURIT	Y NO.	PA 17 INFOR	TRICI	A	ANN		EWART	
	(NO	YES, GIVE WAR OR			-84-4	694	LAR	RY BA	RTLET	T.CUMBER	LAND,		
		18 CAUSE OF DEATH (E PART I DEATH WAS	CAUSED BY								,		BETWEEN ON	SET AND DEATH
	12	9/20 1	MEDIATE CAL	DUE TO, OR	as a con	rator	y ar	rest				-	Sud	den
	1	Conditions, if ony,				ation							1.5	minute
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		lying couse lost.	((c)	sthm								yrs	
	Z	PART 2 DTNER SIGNIFICANT CD	INDITIONS CONTRIB	UTING TO DEATH B	UT NOT RELA	ATED TO THE TERM	INAL DISEAS	E DR CONDITIE	ON GIVEN IN PA	RT 1 (a).				
-	CERTIFICATION	19a. DATE OF OPERATIO	N	19b. CONDIT	IONFOR	WHICH OPER	ATION W	/AS PERFOR	RMED?				20 AUTOPS	Y?
	1 F												YES 🔀	NO 🗆
>		210 EXTERNAL CAUSE V	WAS	21b. TIME OF HOUR A.M.		DAY YEAR	21c. H	OW INJURY	Y OCCURRE	D (ENTER N	ATURE OF INJURY IN ITE	M 18 PART 1 OR	PART 2)	
	MEDICAL	CONTRIBUTING		0.200	8-1	18-82	P	atie	nt as	pira	ated da	ring	asthma	attac
5	MED	21d. INJURY OCCURRED WHILE NOT WH	HILE .	21e PLACE O	ORY, FARM, E			CATION			CITY OR TOWN		OUNTY	STATE
4		AT WORK AT WOR	K XX	Home			1	0 Inc	depen	dend	ce St. (Cumbe	rland	Md.
1	1	22a certify that I too	ok charge of th	e remoins desc	ribed obo	ve, held on	Autop	sy St.	Inspection	n 🔲 .	Inquiry 🛣 ,	ond in my	opinion	
		death resulted from	Naturol cou	ses L.,	Accident	Su	icide	, Homi		Undete	ermined monner			
		ACTUAL SIGNATURE	Xco.	e i	home	_		THE	PECIFY) I	opty	e a py a come	DAT		82
		1	9.00				~	1.0			CAL EXAMINER	SIG	NED	
-	40	(TYPE OR PRINT)		Snow				ADDRESS_			al Hosp	ital		
	- {	URIAL, CREMATION, REM				NAME OF CE				23d. LO	CATION NSTONE A	TIECK	VY MARYI	XXII
		BURTAL UNERAL DIRECTOR	8-2	20-1982	220	CKY GA	ODT A	LICANS			REGISTRAR 256 F			WIND
	-	ASURE-STEIN	FINERA 1	ADDRESS HOME	TNC -	CUMBER.	LAND.	MD.		2319	(1	2.	Capital	
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FOR

REGISTRAR

DECEASED NAME

- STATE

LIVEE OF BRIDE

(VRA 15, 4)

9. BALTIMORE CITY OR COUNTY OF DEATH 12b. KIND OF BUSINESS OR Retired Mechanist INDUSTRY Railroad 15 Pennsylvania Ave LAST ADDRESS Mrs. Jessie V. Boone, Cumberland, Md. APPROXIMATE INTERVAL TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO F 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED DIRECTOR PHYSICIAN 955 Frederick St., Cumberland, MD Burial 8-14-1982 Hillcrest Burial Park Cumberland, Allegany. 250. DATE REC'D. BY REGISTRAR ST REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 50M 4/82 James F. Scarpelli. Cumberland. Md.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

2b. HOUR

IF UNDER 1 YEAR

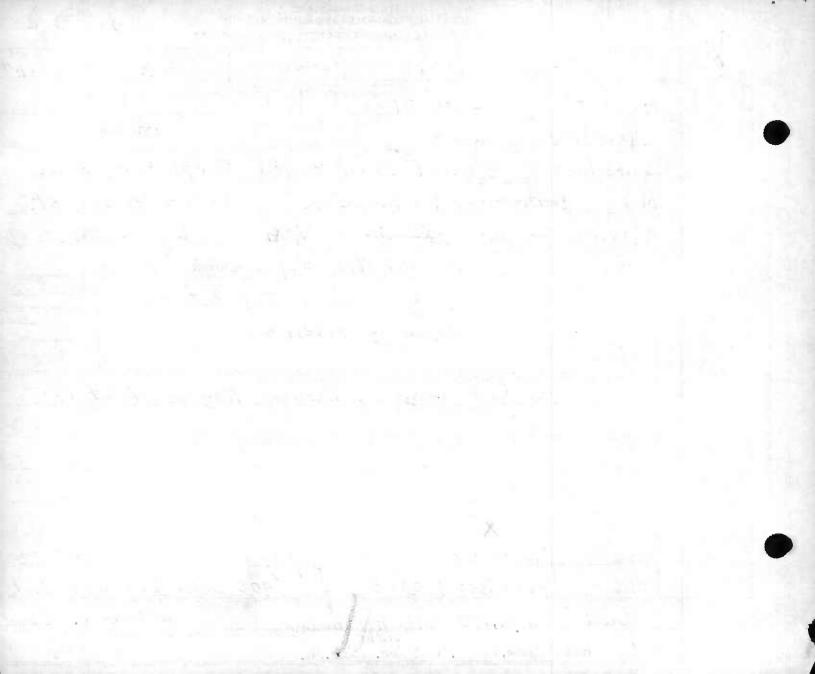
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IF UNDER 24 MRS

20 DATE OF DEATH

hapaltal falmade barital _____ fatigood fainageld _____ baricalant ind. Allegary bull-bening X and X mayive in we. trans you seed . I mile. E.W.-1912 (Malaceus action of the Malaceus, 12. Company of the control of the contro

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR REG. NO 1. DECEASED NAME 20. DATE KNOWN TTYPE CHIEBNITI OF ESTIhomas LOSEP DEATH MATED DATE OF BIRTH 4 RACE AGE (IN YEARS | IF UNDER 1 YR. | IF UNDER 24 HRS 7d HOUR DATE LAST BIRTHDAYS PRONOUNCED Jan 20 DEAD BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Allegany WIDOWED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 176 KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY ar Dente HOUSE 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? 'S MAIDEN NAME MIDDLE ADDRESS (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Same Deborah CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY SED AS A BURIAL - TRANSIT THE SED AS A BURIAL - TRANSIT HYGIET F HEALTH AND MENTAL HYGIET FOR AMATION, OR REMOVAL IMMEDIATE CAUSE (a) Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH DUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION DRWARDED TO THE CHIEF A R: PAGE 3 SHOULD BE USED, E STATE DEPARTMENT OF HE, D, 21201 PR OR TO BURIAL, (190 DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO T 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 71d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE COUNTY STATE WHILE NOT WHILE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFER DEATH, WITH THE ST. BALTMORE, MARYLAND, 2 220. I certify that I took charge of the remains described above, held an Autapsy Inspection and in my opinian death resulted fram: Natural causes Accident Hamicide Suicide Undetermined manner ACTUAL SIGNATURE EXAMINER'S NAME TYPE OR PRINT) ADDRESS 230. BURIAL, CREMATION, REMOVAL 236. DATE 23d. LOCATION 24 FUNERAL DIRECTOR DATE REC'D. BY REGISTRAR DHMH-17 Funeral Home, 130 E. Fort Ave. Balto. Md (VR A15 ME (5)) 15M 2/80



XB	1.	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL P CERTIFICATE OF DEATH	HYGIENE 8 2	19503
noy be poge 3		CEASED NAME FIRST OR PRINT) Helen	Virginia	Byrne	20. DATE OF DEATH A	t 4, 1982 25 HOUR 3:55
Page 4 mo: girector, po hours ofter c	3. SE	Female	4 RACE White	S. DATE OF BIRTH March 1, 1920 YEAR	6 AGE (IN YEARS LAST BIRTH	DAY) IF UNDER 1 YEAR IF UNDER 24 H MONTHS DAYS HOURS MI
Gon on one	C	RTHPLACE ISTATE OR FOREIGN Maryland	U. S. A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OF Allegany	
S of	CA	esaptown,	14807 Winches		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF BEADTOOM EM	WORKING LIFET INDUSTRY
ly filled in should be terfaust be	130. S	ryland Alle	ROTHER INSTITUTION, GIVE RESIDENCE BEFF NTY Gany Cresapt	OWN, 134 INSIDE CITY LIMITS	14807 Winc	hester Rd.
omplete ond 2		THER'S NAME FIRST Ernest	Morie Puesch	Masses	WIDDLE	Stevens
be execu-		VAS DECEASED EVER IN U.S. AR (IF YES, GIVI	RMED FORCES? (E WAR OR DATES) 16b SOCIAL SEC 214-05-		rne, 14807 Win	Chesaptown. Ma.
ires that the death certification of the ottending phance to the orden phanial, cremation, or remary, or other froumatic every	1 1 1 1 1	Conditions, if ony, which gave rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQ (b) DUE TO, OR AS A CONSEQ (c)		Y	ITION GIVEN IN PART 1(a)
he low requion. The low requion in the low requium in the length in low sony in live.	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WHIC	CH OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
dG PHYSICIAN: T offending physici fer this certificate is the burial-transit hand Mental Hygi riked or flem 18 sh	MEDICAL CE	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF ETHER, NOTIFY MEDICAL EXAMINER) 216. IN JURY OCCURRED WHILE ONT WHILE AT WORK AT WORK		DAY YEAR 19 211. LOCATION	URRED (ENTER NATURE OF INJURY	
ral OR ATTENDIN y the hospitol or ral DIRECTOR: Af detoched for use of ote Dept. of Health	(sow the deceased alive on above, III (we/loid) (did no 226. SKSNATURE	I way the topy ofter death.	, and that in (my) (opini	G 1 MEDICAL STAFF	
CO HOSPIT, TO FUNER, should be d with the Sta		Richard L.	Snider, M. D.	Memorial Ho	sp. Med. Bldg	. Cumberland, Md.

23c. BURIAL, CREMATION, REMOVAL

(SPECIFY) Burial

24 FUNERAL DIRECTOR

23b. DATE

8/7/82

H. Wayne George 202 Greene St. Cumberland, Md.

STATE OF MARYLAND

23¢ NAME OF CEMETERY OR CREMATORY

126. KIND OF BUSINESS OR

- mountle

that (I) (we) last

Hillcrest Burial Park, Cumberland, Allegany Maryland

IF UNDER 24 HRS

Tire Co.

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

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FROSTBURG MD 21532

FOR

(VRA 15, 4)

FUNERAL HOME

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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FROSTRURG

STATE OF MARYLAND

YOUNGS STATE RIACREMINE, S. TR. Xe CARTON. SP BLADYS 568-26-0986 285. HAROLD D. CANSON, JE. 181.3.

	1-	FOR STATE REGISTRAR		DEPART	MENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 2	1	9 5	0 6
		CEASED NAME FIRST		MIDDLE		AST			DAY YEAR	26 HOUR
-	1111	Sarah		E	C	arter	8/24/82			11:30a _M
A	SE)	female	4 RACE	e	5. DATE O	04 ⁰ /Y 03 ^{YEAR}	6 AGE TIN YEARS LAST BIRTH		IF UNDER I YEAR	IF UNDER 24 HRS
3	M t	Savage, Md.	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR Allegany		OF DEATH	MD
51	Fr	rostburg, MD.	= Fro	stburg C	ADDRESS) OMMUN	ity Hspital	120 USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF Housewife	WORKING LIFE		F BUSINESS OR
35	13a S			13c CITY OR TOW Mt Sa	/N	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS PO Box 37	5, M	ain St.	
10	14 FA	Joseph Mille	MIDDLE	LAST		15 MOTHER'S MAIDEN NAME FIRST Mary	WE	K	ANE LAS	ī
1		VAS DECEASED EVER IN U.S. AR (ES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	219 44	0202	J Robison	48 Tarn Ter			burg, MD
N		PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last	E CAUSE (o)	R AS A CONSEQUER AS A CONSEQUER	rdu Flip ENCE OF	i farlin ie bear Miliel &	e t fail inssi-a	ue tral	100 m	truths.
2	IFICATION	PART 2 OTHER SIGNIFICANT OF SIGNIFIC	arti	no bele	ग्ठा ५	NOT RELATED TO THE TERM	() () .	20b. IF YES	, WERE FINDIN YING CAUSES	NGS USED
9	MEDICAL CERTIFIC	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF ETHER, NOTIFY MEDICAL EXAMINER 210 IN JURY OCCURRED WHILE AT WORK AT WORK	P. 21e. PLACE	M. MONTH D M.	AY YEAR 19	21¢ HOW INJURY OCCURR 21¢ LOCATION STREET		IN ITEM 18 P		STATE
		220.1 certify that (I) (this hospi sow the deceased alive an above, (I) (max (did) (did	8/6	24 198	, or	, 19_75 and that in (my) (our) opinion o	, to	14 e and hour		that (I) (we) last couses stated
		226. SIGNATURE	219	andh	w t	DEGREE ATTENDING PHYSICIAN 1720 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIA		27L DATE	SIGNED 22

MPORTANT: If Item 21 is

Durst Funeral Home

230. BURIAL, CREMATION, REMOVAL

Dr. S. L. Sandhir

Frostburg, MD.

St. Patricks Cemetery

ED 1 1982 John

LOCATION
CITY OF TOWN

Savage,

48 Tarn Terrace,

REGISTRAR'S SIGNATURE

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Un. F. L. Sandhir & Tarm Torracca, Brostburn, Ng. 115					

24 FUNERAL DIRECTOR
LEASURE -STEINFUNERAL

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

		REGISTRAR				CLRIII	ICAIL OIL	LATII	REG.	NO		
		CEASED NAME	FIRST		WIDDLE		LAST		20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR P
	1		Margar	et	F.	Cl	ark			08	05 82	6:20 M
ď	3 SE)	X	4	RACEWHI	TE	S. DATE O			6 AGE (IN YEARS LAST	JIRTHDAY)	IF UNDER 1 YEAR	
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ŀ		RTHPLACE (STATE OR		CITIZEN OF	WHAT COUNT	RY? 8	D NEVER	AADDIED T	9. BALTIMORE CITY			
5	PE	NNSYLVANI	A	J	JSA	WIDOW		VORCED T	ALI	LEGAN	Y	MD
_	10 CI	TY OR TOWN OF DEA	ATH 11			RSING HOME			120 USUAL OCCUPA	TION	12b. KIND C	OF BUSINESS OR
9	CU	MBERLAND	I	IONS N	IANOR, SI	ETON DR	., CUMB.	,MD	COOK FOR MOS	OF WORKING	PRIVA	ATE HOME
1	USUA 13a S	AL RESIDENCE (IF NURS	13b. COUNTY		GIVE RESIDENCE B	EFORE ADMISSION	113d INSIDE C	ITY HAUTS?	13e STREET ADDRES			
9	MA	RYLAND	ALLEG	ANY	CUMBERI		YES X	NO [232 BALT	MORE	AVENUE	
1	14 FA	THER'S NAME	MID	DIE	EAST		15. MOTHER'S	MAIDEN NA	ME		14	
1		JAMES			CLAI	RK	BE	THIA	MIDOTE		MITCH	ELL
		VAS DECEASED EVER	IN U.S. ARME		166 SOCIALS		17. INFORMA			RESS		
		YES, NO OR UNKNOWN)			217-30	0-1257	LIONS	MANOR	, SETON DR.	, CUI	BERLAND	, MD2150
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		gove rise to imm		DUE TO O	R AS A CONSE							
		underlying couse	lost.	(c)	K AD A COMOL	0021102 01						
		PART 2 OTHER SIGN	VIFICANT CO	NDITIONS CO	ONTRIBUTING	TOPPEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR CO	NDITION C	GIVEN IN PART 1:	ō
	CERTIFICATION	Org	au	191	am	syru	doug	2				
1	CA	190. DATE OF OPERA	TION	196 COND	ITION FOR WH	IIĆH OU RATIO	N WAS PERFO	RMED	200 AUTOPSY?	20b. IF Y	ES, WERE FINDIF	NGS USED
	ZTIF!								YES NO		YES	NO [
)		OR CONTRIBUTING		21b. TIME C	M. MONTH	DAY YEAR	21c. HOW IN	JURY OCCURE	RED (ENTER NATURE OF IN	JURY IN ITEM 18	B PART OR PART 2)	
	CAL	(IF EITHER NOTIFY MEDI			M.	19						
	MEDICAL	21d. INJURY OCCUR	RED	21e PLACE	OF INJURY	ICE FARM FICE	211. LOCATIO		CITY OR	OWN	COUNTY	STATE
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	115	22a.1 certify that		attended th	e decedsed fro	m_ 8/	5	1907	8		19 82	that (I (we) last
		saw the decease above, (1) (weste	ed plive on	iew the body	ofter depth.	9 12 10	nd that in (pry)	(our) opinion (death occurred on the	date and h	our and from the	couses stated
		226. SIGNATURE		A A	. 1110	1	DEGREE				22c. DATE	SIGNED
			lew	ALI	rum			TTENDING PHYSICIAN [AFF ICIAN [
		22d. PHYSICIAN'S NA					22e ADDRES	-	A-155 L			
		Shan A.	Nathan	M.D.			Memori	al Hosp	. Medical	Bldg.	. Cumber	land, MD
	23a B	URIAL, CREMATION,	REMOVAL	23b DATE	7.000	3c NAME OF C			23d LOCATION			
		BURIAL		8-9-	1982	GREENMO	JUNT CEI	TETERY	CUMBERLA	ND, MD	ALLEGAN	IY MD

DHMH - 16 50M 1/81 (VRA 15, 4)

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cole	16		DECEASED EVER			166 SOCIAL SECU	IRITY NO.	17. INFORMANT	.423	ADDRESS	TUEDD	TMOTOM
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OR A e hos DIREC		27	b. SIGNATURE	27,310 119	14	1	1	DEGREE				DATE SIGNED
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HOSPITAL ned by it FUNERAL sid be det the State ORTANT:		11	& PHYSICIAN'S NA	AME (TYPE)	OR PRINT)	,		22e. ADDRESS				
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1	-	FOR STATE REGISTRAR		DEPARTA	STATE OF MENT OF HEAL CERTIFICA		NTAL HYGIE	NE 8 2	19	5	1
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90		or town of DEATH	(IF NOT IN SU	HOSPITAL, NURSIN CH FACILITY, GIVE STREET	ADDRESS)			type of work for most of Laborer	WORKING LIFE) I	26. KIND OF NDUSTRY Celan	
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FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIEIS ATE OF DEATH

Ł	REGISTRAR			CERTIF	I AIL OF DE	AIII		REG. NO				
Ì	1. DECEASED NAME FIRST	MID	DIE		AST		20. DATE OF DE	ATH A	HTMON	DAY YEA	R 7	2b. HOUR
1	LOUISE	VIRGIN	IA	CROC	K		AUGUST	8, 1	1982			8:10 AM
	3. SEX	4. RACE		5. DATE C		20.0	6 AGE (IN YEAR	S LAST BIRTH	(DAY)	MONTHS D		IF UNDER 24 HRS
ļ	Female	Caucasi	an	June	17,	1920	62		YRS.	MORE INS	"	MIN.
ľ	A BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WI		AA A PRIE	NEVER M.	ARRIED T	9. BALTIMORE	CITY OR	COUNT	Y OF DEATH	1	
l	W.Va.	u.s.a	•	WIDOWE		ORCED	ALLE	SANY	COUN	ITY		MC
1	O. CITY OR TOWN OF DEATH Cumberland	(IF NOT IN SUCH F	SPITAL, NURSING FACILITY, GIVE STREET AD HEART HO	DRESS)		TUTION	TYPE OF WORK TO			FEI INDUST	TRY	BUSINESS OR ital
1	SUAL RESIDENCE (IF NUR. 1. OR No. STATE W. Va.		ve residence before a 3c city or town Ridgeley	DMISSION)	13d. INSIDE CIT YES	Y LIMITS?	13e. STREET AD	DRESS Otom	ac S	t. Rea	vr	
1	H FATHER'S NAME Benjamin	ranklin	Rock		15. MOTHER'S	MAIDEN NAM		AIDDLE		McL	LAST aug	ghlin
I	(YES NO OR UNKNOWN) (HE YES GIV	MED FORCES?	66 SOCIAL SECUR		17 INFORMAN	2	1.03			jeley,		
l	(YES, NO OR UNKNOWN) (IF YES, GIV		236-48-	3252	Mr.	George	E. Jus.	tice	Carx			dd.
	PART 2. OTHER SIGNIFICANT OF THE DATE OF OPERATION 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	(c)	AS A CONSEQUEN STRIBUTING TO DE	ATH BUT			INAL DISEASE C		20b. IF YE	S, WERE FIN	VDINC	
ı	DE						YES N	10 🗆		FYING CAU	SES C	NO [
7	CALCOLURADIUM CALICE OF DE	HOUR A.M.	MONTH DAY	YEAR	21c. HOW INJ	URY OCCURR	ED (ENTER NATUR	E OF INJURY	Y IN ITEM 18	PART I OR PART	2)	X L
	THE THER NOTIFY MEDICAL EXAMINES 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF	F INJURY T, FACTORY, OFFICE, FAR	RM, ETC)	211. LOCATIO STREET		- (ITY OR TOW	/ N	COUNTY		STATE
1	220.1 certify that (I) (this hospi		deceosed from			., 19	, to					not (I) (we) lost
ı	sow the deceased alive on above, (1) (we) (did) (did no	ot) view the body of	ter death.	, or	nd that in (my) (our) opinion d	deoth occurred o	on the do	te and ho			
	27b. SIGNATURE	world 1	mo			TENDING HYSICIAN	MEDICAL DIRECTOR [STAF				-82
	224. PHYSICIAN'S NAME (TYPE	R PRINT!			22e ADDRESS						2	21502
	GARY WAGONER,	M.D.			925 B	I SHOP	WALSH DI		. CUN	BERLA		
	230. BURIAL, CREMATION, REMOVAL ISPECT () PURILLE CONTROL OF THE PROPERTY OF T		, 1982 F		shby Ce		Fort		y, M	ineral	., (w. Vaiate
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DHMH - 16 50M 4/B2 (VRA 15, 4)

MPORTANT: IF

Aug. 10, 1982 Fort Ashby Cemetery

Aug. 10, 1982 Fort Ashby Cemetery

Aug. 10, 1982 Fort Ashby Cemetery

FUNERAL DIRECTION OF THE PROPERTY ASHBY CEMETERS

CEORGE FÜNERAL HOME: CUMBERLÄND, MD 21502 Burial

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and the second	Action Court				
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X	1	FOR - STATE REGISTRAR		DEPARTA	STATE OF SENT OF HEAL CERTIFICA		NENTAL HYG	IENE 8	REG. NO.	1	9 5	5 1	2
9 76m		CEASED NAME FIRST Rober		ward	De V o	ore		20 DATE O	FDEATH MON	TH DA	82	6:4	
edo p	3. SE	Male	4 RACE Caucas	ian	5 DATE OF B	RTH 20	ŏL,	6. AGE (IN	YEARS LAST BIRTHDAY		UNDER I YEAR	IF UNDER 2	A HRS
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ompletely ompletely l and 2 sh	14. F.	ATHER'S NAME FIRST William	WIDDLE	De V ore	15.	F	MAIDEN NA	ME	MIDDLE		DeVor	ST e	
n ond c Pages		WAS DECEASED EVER IN U.S. A YES NO OR UNKNOWN) (IF YES O	RMED FORCES?	136-01-5		informan		Seton	Drive,	Cumb		1502 d, MD	
SICIAN: The low requires that the death certificate ting physician certificate by the attending physician certificate has been signed by the attending physician transfer permit. Then please remove carbon papers tentol Hygiene prior to burial, cremation, ar removal. Item 18 shows any injury, or other traumatic event, the	ICAL CERTIFICATION	Conditions, if ony, which gave rise to immediate cause (a), starting the underlying cause lost PART 2 OTHER SIGNIFICANT THE DATE OF OPERATION OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN	DUE TO, OI DUE TO, OI DUE TO, OI 21b. TIME O HOUR A P	R AS A CONSEQUE R AS A	NCE OF SINCE	. HOW INJ	URY OCCUR	VES []	SE OR CONDITION	CERTIFYES VES	IN PART	MATE INTER ONSET AND EACH	hr.
HOSPITAL OR ATTENDING PHYS founded by the hospital or ottending DFECTOR, after this chould be detached for use os the burth the State Dept. of Health and Methops of Health and Methops and Methops of the Brand Methops of	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK 270. I certify that (I) (this has sow the deceased alive a abave, (I) (we) (did) (did r.) 27b. SIGT 27d. PHY SICIAN'S NAME (TYPE	pital) attended the n 08-11 act) view the body	e deceased fram	08-09 32 , ond th	PE AT PE	our) opinion	MEDICAL DIRECTOR	O8-11 ed on the date o STAFF PHYSICIAN Cumber1:	8	22t. DATE		e) last

231 NAME OF CEMETERY OR CREMATORY

DHMH - 16 50M 1/B1 (VRA 15, 4)

Harvey H. Zielger, Hyndman, Pa.

23b. DATE

8/14/82

236 BURIAL, CREMATION, REMOVAL Burial

Porter Cemetery RD#1 Hyriuman, -
| Porter Cemetery | RD#1 Hyriuman, -| AUG 1 5 1982 | RD#1 Hyriuman, -| AUG 1 5 1982 | RD#1 Hyriuman, ---RD#1 Hyndman, Bedford, Pa

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	moy pog	3. SE	(4 RACE		5. DATE		YEAR	6. AGE (IN YEARS	LAST BIRTHDAY)	MONTHS DAYS		24 HRS MIN.
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	deoth. Page uneral press		RTHPLACE STATE OR F	FOREIGN	76. CITIZEN OF		TRY? 8	D NEVER	MARRIED -	9 BALTIMORE	CITY OR COUNTY	OF DEATH		-14
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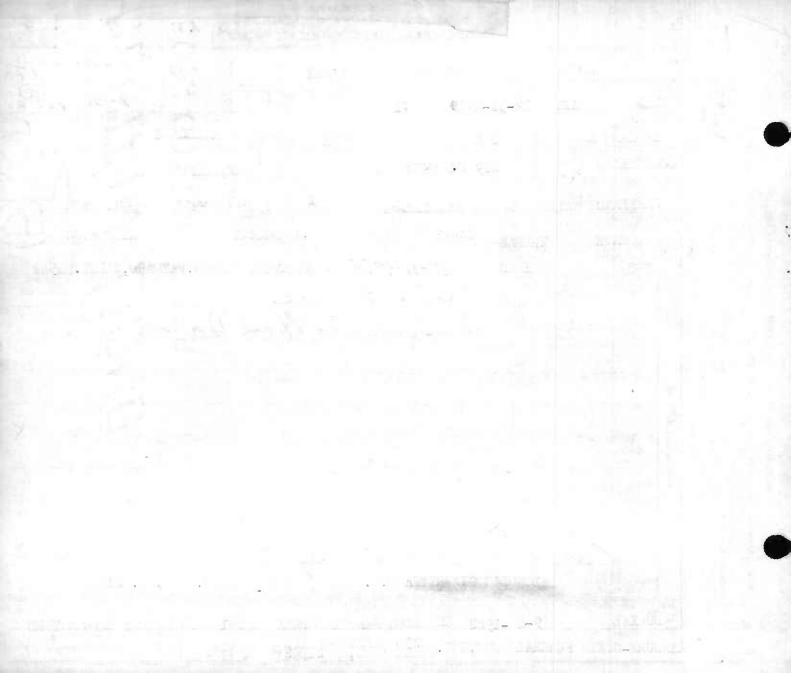
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

FOR - STATE

(VRA 15, 4)

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NO NO	10/1	16a. W	AS DECEASE	EVER IN U.S. AR	MEDIOR	CES? 16b. SC	OCIAL SECURIT	Y NO.					ADDR			10001	
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	PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PAGE 10 TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT PAGES 1 AND SHOULD BE USED AS A BURIAL. TRANSIT PERMIT PAGES 1 AND SHOULD BE USED AS A BURIAL. TRANSIT PERMIT PAGES 1 AND SHOULD BE USED AS A BURIAL. TRANSIT PERMIT PAGES 1 AND SHOULD BE USED AS A BURIAL. TRANSIT PERMIT PAGES 1 AND SHOULD BE USED AS A BURIAL. TRANSIT PERMIT PAGES 1 AND SHOULD BE USED AS A BURIAL. TRANSIT PERMIT PAGES 1 AND SHOULD BE USED AS A BURIAL. TRANSIT PAGES 1 AND SHOULD BE USED AS A BURIAL. TRANSIT PERMIT PAGES 1 AND SHOULD BE USED AS A BURIAL. TRANSIT PAGES 1 AND SHOULD BE USED AS A BURIAL. TRANSIT PAGES 1 AND SHOULD BE USED AS A BURIAL. TRANSIT PAGES 1 AND SHOULD BE USED AS A BURIAL. TRANSIT PAGES 1 AND SHOULD BE USED AS A BURIAL. TRANSIT PAGES 1 AND SHOULD BE USED AS A BURIAL. TRANSIT PAGES 1 AND SHOULD BE USED AS A BURIAL. TRANSIT PAGES 1 AND SHOULD BE USED AS A BURIAL. TRANSIT PAGES 1 AND SHOULD BE USED AS A BURIAL. TRANSIT PAGES 1 AND SHOULD BE USED AS A BURIAL. TRANSIT PAGES 1 AND SHOULD BE USED AS A BURIAL. TRANSIT PAGES 1 AND SHOULD BE USED AS A BURIAL. TRANSIT PAGES 1 AND SHOULD BE USED AS A BURIAL. TRANSIT PAGES 1 AND SHOULD BE USED AS A BURIAL. TRANSIT PAGES 1 AND SHOULD BE USED AS A BURIAL. TRANSIT PAGES 1 AND SHOULD BE USED AS A BURIAL. TRANSIT PAGES 1 AND SHOULD BE USED AS A BURIAL. TRANSIT PAGES 1 AND SHOULD BE USED AS A BURIAL. TRANSIT PAGES 1 AND SHOULD BE USED AS A BURIAL TRANSIT PAGES 1 AND SHOULD BE USED AS A BURIAL TRANSIT PAGES 1 AND SHOULD BE USED AS A BURIAL TRANSIT PAGES 1 AND SHOULD BE USED AS A BURIAL TRANSIT PAGES 1 AND SHOULD BE USED AS A BURIAL TRANSIT PAGES 1 AND SHOULD BE USED AS A BURIAL TRANSIT PAGES 1 AND SHOULD BE USED AS A BURIAL TRANSIT PAGES 1 AND SHOULD BE USED AS A BURIAL TRANSIT PAGES 1 AND SHOULD BE USED AS A BURIAL TRANSIT PAGES 1 AND SHOULD BE USED AS A BURIAL TRANSIT PAGES 1 AND SHOULD BE USED AS A BURIAL TRANSIT PAGES 1 AND SHOULD BE USED AS A BURIAL TRANSIT PAGES 1 AND SHOULD BE USED AS A B		NERAL DIREC	TOR		Y T CADBRESS TO THE	230 F	ATTT	MORE	250. DATE			AR 255 R	EGISTRA	R'S SIG	NATURE	d
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3	1.	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL P CERTIFICATE OF DEATH	HYGIENE 8 2 REG. NO.	9517
3 75		CEASED NAME FIRST ROSS	TILMORE	EMERICK	AUGUST 9, 1982	26. HOUR 11:45 RM
-	3. SE	x Wale	4. RACE Cau.	S. DATE OF BIRTH PY19/95 YEAR	6. AGE (IN YEARS LAST BIRTHDAY) IF	FUNDER I YEAR IF UNDER 24 HRS
1 15 126		RTHPLACE (STATE OR FOREIGN COUNTRY) Pennsylvania	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	ALLEGANY COUNTY	
s offer as	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION Telegraph Optr	126 KIND OF BUSINESS OR INDUSTRY 1 road
24 have		AL RESIDENCE (IF NURSING HOME OF STATE	other institution, give residence before 13 Hynding		? 13e. STREET ADDRESS	
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n and can Pages 1.	16a. V	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166. SOCIAL SECU (E WAR OR DATES) 705 09	5611 Richard I	N. Emerick, Hynd	man, Pa.
ow requires that the death been signed by the attend mit. Then please remove co prior to buriol, cremation, so ony injury, or other trauma	ATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost PART 2. OTHER SIGNIFICANT (ENCE OF		WERE FINDINGS USED
The iccion.	CERTIFICATION	21g. ACCIDENT WAS UNDERLYING.	31h TIME OF INJURY		YES NO YES	to the same of the
PHYSIC1A ending pl this certif te buriol-t nd Mental	MEDICAL C	OR CONTRIBUTING CAUSE OF CE. OF CUMES NOTIFY MEDICAL EXAMPLE THE WOLLD CONTRIBUTION OF C		19 211 LOCATION	· C/c	COUNTY STATE
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TO HOSPIT etained by TO FUNER should be with the Six		RENATO ESPINA	AND CONTRACTOR DESCRIPTION OF THE PARTY OF T			21502
BP	В	BURIAL CREMATION REMOVAL Urial	8/12/82 Co	NAME OF CEMETERY OR CREMATO OKS Mill Cemet	ery RD#1°Hyhdman	Bedford, I
DHMH - 16 50M 4/82 (VRA 15, 4)		UNERAL DIRECTOR NAME IEGLER FUNERAL	HOME HYNDMAN,		DANG DI BALEISEDER IN KECISTK	AR SIGNATURE

THERMAL BURNETS INTERNAL STATES

	1 00	FOR STATE REGISTRAR CEASED NAME FIRST	MIDDLE	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO	D. MONTH DAY YEAR	125 HOUR
	(TYPE	WALTE	R STANLEY	EYLER	August 22	, 1982	9:49 F
M)	3. SE	ale	4 RACE White	5. DATE OF BIRTH . OCT. 19, 1919	6. AGE (IN YEARS LAST BIRT	THDAY) IF UNDER I YEA MONTHS DAYS	
2 or onge.	7a. BI	RTHPLACE (STATE OR FOREIGN POUNTRY) Penna.	75. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY O	R COUNTY OF DEATH	
1950		mberland	11. NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY, GIVE STREET Memorial Ho	NG HOME OR OTHER INSTITUTION ADDRESS) Spital	17a USUAL OCCUPATION IN THE OF WORK FOR MOST OF WALLCOVER	E WORKING LIFET INDUSTR	OF BUSINESS
And be	130. S Ma	aryland Alle	OTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY 13t. CITY OR TOV Gany Cumber1	and YES NO NO	130. STREET ADDRESS		
exomine	14. FA	THER'S NAME Walter	J. Eyîsi	15. MOTHER'S MAIDEN NA FRANCES	MIDDLE		omas
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mation, ar remavai. r traumatic event, th		PART I. DEATH WAS CAUSI	nly one couse per line for (o), (b), or (D BY: TE CAUSE (o) DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE	A ENCE OF Ca f lun	1	0	OXWATE INTERVINO NO SET AND D
ar oth	IFICATION	underlying couse lost. PART 2. OTHER SIGNIFICANT	(c)CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER/	MINAL DISEASE OR CONT	DITION GIVEN IN PART	110
aws any injury.	IFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH		YES T NOT	IN CERTIFYING CAUSE	
olus and inju	CAL CERTIFICATION	190 DATE OF OPERATION 710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	21b. TIME OF INJURY HOUR A.M. MONTH D	AY YEAR 19	YES NO	IN CERTIFYING CAUSE YES	ES OF DEATH
olus and inju	MEDICAL CERTIFICATION	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 218. INJURY OCCURRED	21b. TIME OF INJURY HOUR A.M. MONTH D	AY YEAR 19 216 LOCATION STREET	RRED (ENTER NATURE OF INJUR	IN CERTIFYING CAUSE YES YES YES YES YES YES YES YE	NO [
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REGISTRAR CERTIFICATE OF DEATH	CEDITEIC ATE OF DEATH
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-1	REGISTRAR		CEKIII	FICATE OF DEATH	REG. NO).			
	DÉCEASED NAME FIRST (TYPE OR PRINT) ALI	CHAR IN		FARKAS		, 198	DAY YEAR	12:	
	Female	4. RACE White	Sep.	OF BIRTH 19 1919	6. AGE (IN YEARS LAST BIRT	HDAY)	IF UNDER 1 YEAR	HOURS	AIN.
5	BIRTHPLACE (STATE OR FOREIGN 7 COUNTMANYLand	U. S. A.	8 MARRIE WIDOW	ED NEVER MARRIED	9. BALTIMORE CITY OF ALLEGANY				MD.
4	Cumberland,	NAME OF HOSPITAL, NURSING SACRED HEAR			120. USUAL OCCUPATION HOUSE LECTOR		126. KIND C		ESS OR
3	AL RESIDENCE (IF NUR DAGGE COUNTY COU	ord, Bedjord,	admission) N	13d. INSIDE CITY LIMITS? YES X NO	130. STREET ADDRESS 148 W. Man	ın St			
5	Walter A. Pri	AIDDLE LAST		15. MOTHER'S MAIDEN NAM	Fletcher		LAS		
3	HII. WAS DECEASED EVER IN U.S. ARM YES NO OR UNKNOWN) (IF YES, GIVE	AED FORCES? 16b. SOCIAL SECUI WAR OR DATES) 219-20-7		Mr. Frank Far	ikas, 148 W.				
	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	NCE OF					<i>y</i>	
4	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO D			200 AUTOPSY?	20b. IF YE	ES, WERE FINDIN	NGS USEI	TH?
1	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT UP ETHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M.	YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18	PART I OR PART 2)		
1	214 INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE, FA	ARM, ETC)	21f LOCATION STREET	CITY OR TOV	VN	COUNTY	5	STATE
		ol) oftended the deceosed from		. 19	, to	te and ha	our and from the	couses sto	
	224. PHYSICIAN'S NAME OF YPE OR BRADDOCK	MEDICAL GROUP		BMG, 912 SE	TON DRIVE,	CUMBE	ERLAND,	MARY	LAND

DHMH - 16 50M 4/82 (VRA 15, 4)

23c NAME OF CEMETERY OR CREMATORY

Bed For

GEORGE FUNERAL HOME CUMBER AND, MARYLAND

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate by executed within 24 bours with a death. Figure that be received by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physical and combility fulled in the fune transfer of should be detached for use as the buriol-transit permit. Then please remove corban poper. Pages I and 2 should be filled within 7 the continue with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

STATE OF MARYLAND FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

5 2 0 9

R	EGISTRAR				CERTII	FICATE OF DEATH	PE-	G. NO.				
I. DECE A		FIRST		MIDDLE		LAST	20 DATE OF DEAT		DAY	YEAR	26 HOUR	R
(TYPE OR	PRINT	Mary		Johanna	h F	eldman		8	26	82	8:00	MA (
1 SEX			RACE		5. DATE		6. AGE (IN YEARS LA	ST BIRTHDAY)	IF UNI	DER ! YEAR	IF UNDER 2	
	Female		Whit	te	3	13 YEAR 07	75	YR		DATS	HOURS	MIN
BIRTH	PLACE (STATE OR FOR	REIGN 76	CITIZEN OF	WHAT COUNTRY?	8 AAA DDIE	D NEVER MARRIED	9 BALTIMORE CI			EATH		-
Ma	ryland		Amer	rica	WIDOW	ED DIVORCED	A1	legany	/ Cou	nty		MD.
0 CITY	OR TOWN OF DEATH	1 11		HOSPITAL, NURSIN		OR OTHER INSTITUTION	17a USUAL OCCU			KIND O	F BUSINES	SS OR
	ostburg		Frost	ourg Comm	unity	Hospital	Labore				nese	150
13a. STA		B COUNTY	1	13c CITY OR TOW	N	134 INSIDE CITY LIMITS?	13e STREET ADDRI	SS				17-11
M	_	Alle	any	Frostbu	rg	YES NO	Rt. 3 B	ox 62				
14 FAIM	ER'S NAME FIRST	MID	DDLE	LAST		15 MOTHER'S MAIDEN NA	ME	LE.		IAS	ī	
14 11146	Thomas DECEASED EVER IN	P	D FORGES	Feldma		Catherin			5	ull	ivan	
	NO OR UNKNOWN)	(IF YES, GIVE W		166. SOCIAL SECU		17 INFORMANT		DRESS	F			10
	No	N.A.		217-10-4	/11	D. Nolan 4	8 Tarn Te	rrace	rro		rg, M	
18	PART I. DEATH WAS	Enter only	one couse per BY:	line for (o), (b), one	les P	0.00	80	*	-	BETWEEN	MATE INTERV	DEATH
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-			(c)		O	evere un re						
	ART 2 OTHER SIGNIF	ICANT COL	NDITIONS <u>CC</u>	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR C	ONDITION	GIVEN IN	PART 110) '	
ATIO	DATE OF OPERATIO	N.	19h CONDI	TION FOR WHICH	DPERATIO	IN WAS PERFORMED	20g AUTOPSY?	20h IF	VES WEE	E EINIDIN	IGS USED	
FIC			11.0	TON TON WINCIT	OTERATIO	TO THE OWNER		IN CE	RTIFYING		OF DEATH	
CERTIFICATION 1061	ACCIDENT WAS UNDER	LYING []	21b. TIME O	FINJURY	-	21c. HOW INJURY OCCUR	YES NO		YES	D D 4 D 7 3 1	NO 🗌	
	CONTRIBUTING CAL	JSE OF DEATH		M. MONTH DA		The state of the s	(EINTER INATIONE OF	INJURY IN TIEM	ID PARTIC	RPARI 2)		
~ —	I INJURY OCCURRED		P.I		19	21f. LOCATION						-
	HILE NOT WHILE		(AT HOME STR	EET FACTORY, OFFICE, FA	ARM, ETC)	STREET	CITY	DRIOWN	C	YTAUC	ST	ATE
	l certify that (1) (th		ottended the	e deceased from	8-	-9/ 10 83	. 8-1	6	10 \$	7.	1	
	sow the deceased	olive on	8-2	26 198	2 .	nd that in (my) (aux) opinion (death occurred on the	e dote and	hour and	from the	that (I) (au couses stat	ted
221	obove, (I) (wo) (did) (white of v	new the body	ofter death.		DEGREE				2c DATE		_
	Har	el C	Dee	he ?	3,0	ATTENDING PHYSICIAN P	MEDICAL DIRECTOR PH	STAFF		8/24	182	,
220	PHYSICIAN'S NAM	E (TYPE OR PR	RINT)	1	, , , , ,	22e ADDRESS	DIRECTOR LIPP	137CIAIN [107	-
	Harold	C. D	iehl. N	1.D.		Frostburg,	MD 2153	2				
4			23b. DATE			EMETERY OR CREMATORY	23d LOCATION					

DHMH - 16 50M 1/81 (VRA 15, 4)

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other troumatic event, the

8/28/82 St. Michael's Cem Frostburg Allegany Found 60 W. Main St. 1250 DATE RE D. BY REGISTRAR 250 REGISTRAR SIGNATURE AUG 31 1902 John & County County Prostburg Burial

Sowers Funeral Home,

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injury, or other traumotic event. th

IMPORTANT: If them 21 is morked or Item 18 shows ony

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remaye carbon paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayol

moy be

STATE OF MARYLAND 9 DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR STATE REGISTRAR		DEPARTA	CERTIF	ICATE OF DEATH		REG. NO.		
DECEASED NAME FIRST		WIDDLE		AST	20. DATE OF DE	ATH MONTH		2b HOUR
Cheste		MEAD	F	les		08-	-08-82	5:17
Male	Caucas	ri en	5 DATE C		6 AGE (IN YEAR	LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
BIRTHPLACE (STATE OF FOREIGN		WHAT COUNTRY?	8		9 BALTIMORE	- Y	JNTY OF DEATH	
Pennsylvania	US	SA	MARRIE	D NEVER MARRIED DIVORCED	477.00			M
Cumberland	Lions M	lanor, Set	ADDRESSI On Dr	or OTHER INSTITUTIONS, Cumberland	120 USUAL OCO		IZE. KIND C INDUSTRY	OF BUSINESS OF
SUAL RESIDENCE (IF NURSING HOME) 8. STATE Maryland All	or other institution UNITY	GIVE RESIDENCE BEFORE 13. CITY OR TOW Cumberle	ADMISSION	134 INSIDE CITY LIMITS? YES NO	Rt. STREET ADD	Willow	brook Roa	d
FATHER'S NAME Joseph	WINDLE	Files		IS MOTHER'S MAIDEN N ROSENLI	AME	Len		Bolinger
WAS DECEASED EVER IN U.S. A	ARMED FORCES? GIVE WAR OR DATES)	217-10-79		17. INFORMANT Lions Manor	Seton D	ADDRESS	Cumberlan	d, MD
Canditians, if ony, which	ATE CAUSE (a)	JU 13	10	as zela withsen	indas.	libri	Matron	-4822
IMMEDI	DUE TO, O	Doubell	Sh	NOT RELATED TO THE TER	ANINAL OFFICE OF STATE OF STAT	AUGO	Onen Pare III	
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24 FUNERAL DIRECTOR
NAME
Silcox-Merritt Funeral Service. Cumberland, Md

BP DHMH - 16 50M 1/81 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO 20. DATE OF DEATH MONTH

Aug. 12, 1982

IF UNDER 1 YEAR

9. BALTIMORE CITY OR COUNTY OF DEATH

ALLEGANY

12h, KIND OF BUSINESS OR

INDUSTRY

WASHINGTON

ADDRESS

ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0

20b. IF YES, WERE FINDINGS USED

ROCKY GAP VETERAN

IN CERTIFYING CAUSES OF DEATH? YES

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

STATE

NO F

COUNTY

22c. DATE SIGNED

CUMBERLAND, MARYLAND 21502

BURTAL DHMH - 16 50M 4/82

(VRA 15, 4)

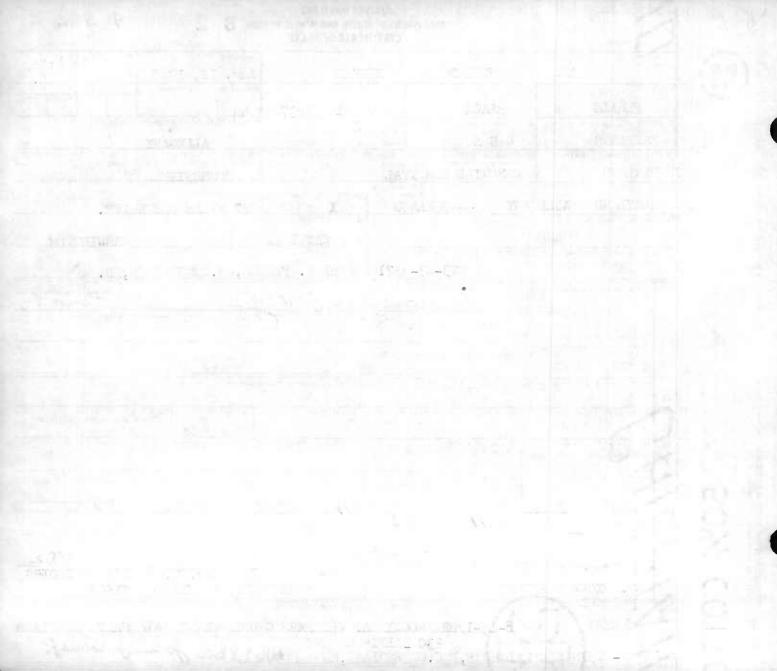
FOR - STATE

REGISTRAR

24 FUNERAL DIRECTOR 230 BALTIMORE AVE LEASURE-STEIN FUNERAL HOME, INC. CUMBERLAND, MD

8-11-1982

FLINSTONE ALLEGANY 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



- STATE

TYPE OR PRINT

REGISTRAR

I. DECEASED NAME

12a. USUAL GECUPATION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY GROCERY 74 WASHINGTON STREET McDONADD FROSTBURG, MD. 21532 MRS. ALLEN J. GRANT.74 WASHINGTON ST., 20h. IF YES, WERE FINDINGS LISED IN CERTIFYING CAUSES OF DEATH? YES T NO [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) STATE COUNTY CITY OR TOWN 5 19 \$72, and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNED DIRECTOR PHYSICIAN 55 JACKSON ST., LONACONING, MD. 21539 BUR IAL 8/9/82 PROSTBURG MEM. PARK FROSTBURG. ALLEGANY. DHMH - 16 50M 4/82 FROSTBURG, MD. 21532 FUNERAL HOME (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

REG. NO

26 HOUR

IF UNDER 24 HRS

IF UNDER LYEAR

20 DATE OF DEATH MONTH

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STATE OF MARYLAND

FOR

SCARPELLI FUNERAL HOME:

(VRA 15, 4)

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CUMBERLAND, MD 21502

(VRA 15, 4)

GEORGE FUNERAL HOME

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5 11 2	MEDICAL	21d. INJURY OC WHILE AT WORK	NOT WHILE C	21e PLACE O	F INJURY (ATHOME, DRY, FARM, ETC.)	21f. LOCATION STREET		CITY OR TOWN	COUNT	Υ	STATE
TO MEDICAL EXAMINER: THIS CERT EXECUTE THE CERTIFICATE, WRITING PAGE 4 SHOULD BE FORWARDED TO ENUMERAL DIRECTOR: PAGE 3 SH AFTER DEATH, WITH THE STATE DEPRENDENT OF THE SHOULD BE SALTIMORE, MARYLAND, 21201 PRI	2		that I took charg	e of the remains described to the remains desc			(SPECIFY) st. Dpty	MEDICAL EXAMINER	ond in my opini], DATE SIGNED.	8-30-	-82
B====	23 a. E	BURIAL, CREMATI				METERY OR CREMATE	TORY 23	d. LOCATION	OMERSET	PENN	STATE
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DE REGISTRAR REG. NO . DECEASED NAME 2a. DATE KNOWN 26 HOUR 336 (TYPE OR PRINT) ESTI-1,82 Horsey, Sr. Arthur Vernone. DEATH MATED 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY) PRONOUNCED White Male June YRS 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR MARRIED NEVER MARRIED Maryland Allegany USA WIDOWED . DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
Little Orleans Campground Retired Little Orleans ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e. SPEEL ADDRESS Cornwall Road THE COUNTY Dundalk 13a STATE 13d. INSIDE CITY LIMITS? Baltimore Maryland YES . NO T 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST William S. Dowling Horsey Marv 7 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 8125 Cornwall Road (YES, NO. OR UNKNOWN) 212-05-8295 Rosalind V. Horsey-Balto., MD.21222 DIX APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE O Canditians, if any, which gave rise to immediate cause (a) stating the under-OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in OF HEALTH CERTIFICATION 19g DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? ATE, WRITTO THE CONTRACTOR TO THE CONTRACTOR SHOULD BE US. TO STATE DEPARTMENT OF STATE DEPARTMENT OF BURNING TO BURNING 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 210 PLACE OF INJURY (AT HOME, 714. INJURY OCCURRED III. LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY -TO MEDICAL EXAMINER: 11 EXECUTE THE CERTIFICATE, PAGE 4 SHOUID BE FORW TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE ST. BAILSIMORE, MARYLAND, 2 22a I certify that I taak charge of the remains described above, held an Autapsy Inspection and in my apinian Suicide death resulted fram: / Natural causes Hamicide Undetermined manner Sacred Heart Hospital, Cumberland, Md. Dr. Nicholas Giarritta M.D. 23g. BURIAL, CREMATION, REMOVAL 23b. DATE 73c. NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN 9/3/1982 Burial Meadowridge Howard Maryland Dorsey 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATUR Duda-Ruck LDDRESS nc. **DHMH-17** 7922 Wise Avenue Dundalk, MD. 21222 (VR A15 ME (5)) 15M 2/80

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. The low requires that the death certificate be executed within 24 hours represented physician. To thending physician. The this certificate has been signed by the attending physician and completely filled in by the buriol-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filled in and Amental Hyatene prior to buriol, cremation, or removed.	ows ony in	CERTIFICATION	Conditions, if ony, gove rise to imm couse (o), storin underlying couse PART 2 OTHER SIGN 19a DATE OF ORERA	nediote g the lost.	1	ONTRIBUTING TO	DEATH BOT	NOT RELATED TO THE TOTAL	HE TERM	200 AUTOPS		GIVEN IN PA	P	
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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by the fune filed within		ty or town of DEATH umberland,		HOSPITAL, NURSIN ICH FACILITY, GIVE STREET HOLLAND	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATI LTYPE OF WORK FOR MOSTO FOOD SELVIC	on Fworking lift Le Sup	126. KIND O INDUSTRY	ege
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Page	16a V	VAS DECEASED EVER IN (	U.S. ARMED FORCES?	232-03-		Mrs. Florence	M. Jenkin	ss Cumb 321	erland, Hollan	Md. id St.
that the death certificate bd by the attending physicia lease remove carbon papers ial, cremation, ar remayal. or other traumatic event, the		Canditians, if any, wh gave rise to immedicause (a), stating	CAUSED BY MEDIATE CAUSE (a)  DUE TO, hich iote  (b)		ENCE OF	UD O	net			MATE MITERVAL ONSET AND DEATH
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he hos	CERTIFICATION	210. ACCIDENT WAS UNDERLY	YING 21b. TIME	OF INJURY A.M. MONTH D	AY YEAR	21c. HOW INJURY OCCUR	YES NO NO NO NEED (ENTER NATURE OF INJUR	YE	YING CAUSES S ART I OR PART 2)	OF DEATH?
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TO HOSPITAL TO FUNERAL should be dete with the Stote		Anthony J.				955 Frederic		erland	l, Md.	21502
BP DHMH - 16 50M 7/77	(	BURIAL, CREMATION, REA SPECIFY)  BURIAL  UNERAL DIRECTOR  BLAME	8/27/	82 Hi	llcre	SE BURIAL PARK 21502 250. DAT	23d. LOCATION CITY OR TOWN C Cumberla	od Al	COUNTY Legans RAPLSICAPAN	Margland
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å \t	TYPE OR PRINT		JAME:	S	HENRY		NKINS	20 DATE O			25 HOUR 05:15 AM	
de 4 moy	3. SEX MAI	E		4. RACE WHIT	E.	S DATE (	DF BIRTH 7 DAY 0 YEAR 97	85	EARS LAST BIRTHDAY)	MONTHS DAYS		
Pog .	COUNTRY	CE (STATE OF		76. CITIZEN O USA	F WHAT COUNT	RY2 R	D NEVER MARRIED	9. BALTIMO		UNTY OF DEATH	MD.	
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24 h	30. MARY	IAND	13b COUNT	OTHER INSTITUTION	GATIMOR		134. IISSIDE CITY LIMITS?	RT.#1	ADDRESS 407	FROSTBUI	RG,MD.	
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n. no been signed by to be permit. Then please permit. Then please we any injury, ar oth	PART 2 OTHER SIGNIFIED TO THE SIGNIFIED		SNIFICANT C	CONDITIONS (	spiral	TO DEATH OUT	NOT RELATED TO THE TERM	20a AUT	boles No DPSY? 20b.	IF YES, WERE FIND CERTIFYING CAUSE	INGS USED S OF DEATH?	
SICIAN: The long physicion. certificate has rirol-transit per ental Hygiene lem 18 shaws	00.50	CCIDENT WAS UP	CAUSE OF DEA	TH HOUR	OF INJURY A.M. MONTH P.M.	DAY YEAR	21c HOW INJURY OCCUR	YES T	ATURE OF INJURY IN ITI	YESEM 18 PART ( OR PART 2)	но 🗌	
ottendin ter this c is the bur h and Me rked or li	A MONEY COURSED  A MINUTE OF COURSE  A MONEY OF COU		VHILE	(AT HOME, S	E OF INJURY STREET, FACTORY, OF		211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE	
ILOR ATTENDING the hospital or INDIRECTOR: AL DIRECTOR: AL BOOK of Healt if them 21 is mo			l) (this hospi ised alive an (did) (did na	tol) ottended	the deceased from	0m 82.0	ATTENDING	MEDICAL	STAFF PHYSICIAN [	8/1	that (1) (we) last e causes stated E SIGNED	
TO HOSPITAL ( retoined by the TO FUNERAL IS should be detoined with the State E IMPORTANT: IF		SIKANDE		DHIR, 1	M.D.		270 ADDRESS 48 TARN TERF				32	
BP	(SPECIFY)	CREMATION BURTAT	ne p	8/21	182	FROSTBU	RG MEMORIAL P 250. DA	ARK FR	OSTBURG REGISTRARIZSE &	ATTEGANY EGISTRATS SIGN	STATE	

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	1.	FOR - STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	(GIENE 8 2	1953	5
		CEASED NAME FIRST	WIDDLE	LAST		DNTH DAY YEAR 25 HOUR 1:03	
		EDITH		KADY		, 1982 A.	٨
1	3. SE	х	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHD	MONTHS DAYS HOURS MI	_
	1	FEMALE	WHITE	5 - 6 - 1902	80	YRS.	
35		W. VA.	7b. CITIZEN OF WHAT COUNTRY?	WIDOWED DIVORCED	ALLEGANY		ME
50		UMBERLAND	11. NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY, GIVE STREET MEMORIAL HOSP	ng home or other institution Laddress) ITAL	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W		SR
5	13a.	AL RESIDENCE (IF NURSING HONE OR STATE 136 COUN MINE)	TY 13c. CITY OR TOV	VN 13d. INSIDE CITY LIMITS?	G STREET	1	
49	14 F	JAMES H.	AIDOLE LAST SMILEY	15. MOTHER'S MAIDEN N	IAME MIDDLE	BARNARD LAST	
S S		WAS DECEASED EVER IN U.S. ARA YES, NO OR UNKNOWN) (1F YES, GIVE	WAR OR DATES)	0826 G STREET.	SHON ADDRESS KEYSFR. W.VA.	26726	
signed by the attendin the please remove carb to buriol, cremotion, or jury, or other traumatic	NO	Canditions, if any, which gave rise to immediate couse (o), stoting the underlying couse lost.  PART 2. OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUE (c) (c) ONDITIONS CONTRIBUTING TO	utricular irrit	while y  RMINAL DISE ARE OR CONDIT	ION GIVEN IN PART 110	
9	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	Ob. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH?  YES NO NO	_
Hem 18 shows		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		PAY YEAR	JRRED (ENTER NATURE OF INJURY IF	NITEM 18 PART 1 OR PART 2)	
à /	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	FARM. ETC   211. LOCATION STREET	CITY OR TOWN	COUNTY STATE	
haspital ar atter the RECTOR: After the defar use as the sept. of Health and tem 21 is marked	Н		ol) attended the deceased fram.	, ord that in (my) (our) opinio	, ta, ta, 23	and haur and from the causes stated	
I It Hem	K	22b. SIGNATURĘ		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAL	22c. DATE SIGNED	
Tak Tak		DR. RIAZ JANJU		22e ADDRESS MEMO	DRIAL HOSPITAL		
IMPORTA	23e.	BURIAL CREMATION, REMOVAL (SPECIFY) BURIAL		NAME OF CEMETERY OR CREMATORY PHILOS CEMETARY	23d. LOCATION CITY OF TOWN WESTERN PORT	COUNTY STATE  T. ALLEGANY MD	
M 4/82	24. F	AT TIMEPAL SERV	W. Warrie	ST WESTERN PORTO	ATE REC'D. BY REGISTRAR 21	REGISTRAR'S SIGNATURE	

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DURST FUNERAL HOME

STATE OF MARYLAND

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2 REG. N	10.	1	9	5		4
DEATH	MONTH	DAY	Y	EAR	2b	HOUR

REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	10.	,	
1. DECEASED NAME FIRST	- A-1	MIDDLE		LAST	20. DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR
FRANC	IS D.	LAR	GENT		AUGUST 10	, 1982		11:20Am
3. SEX Male	4 RACE White	€	5. DATE O	H DAY YEAR	6. AGE (IN YEARS LAST BI		DAYS DAYS	IF UNDER 24 HRS
70. BIRTHPLACE   STATE OR FOREIGN COUNTRY)  Maryland		WHAT COUNTRY?	8 MARRIE WIDOWI	D NEVER MARRIED DIVORCED	ALLEGANY	OR COUNTY	OF DEATH	MD
10. CITY OR TOWN OF DEATH  Cumberland	SACRED	HEART HO	SPITA	OR OTHER INSTITUTION	120. USUAL OCCUPAT ITYPE OF WORK FOR MOST Retired		INDUSTRY	ile & RR
	Legany	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Cumberla	/N	138. INSIDE CITY LIMITS? YES MO	13e STREET ADDRESS 330 Vir	ginia /	ve.	
14. FATHER'S NAME FIRST Otis	Largent	LAST		15. MOTHER'S MAIDEN NA FIRST	Jessie Coff		LAS	1
160. WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES) (YES)	GIVE WAR OR DATES)	214-07-		Mr. Donald	ADDR H. Largent,		bia S.(	CSon
gave rise to immediate cause (a), stating the underlying cause last  PART 2 OTHER SIGNIFICAL	underlying cause last.  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE				Tong a	NDITION GIVE	N IN PART 10	0
190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196 COND	TION FOR WHICH	OPERATIO	ON WAS PERFORMED	200 AUTOPSY?		WERE FINDING CAUSES	
21d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER NOTHEN MEDICAL EXAM WHILE AT WORK AT WORK AT WORK	F DEATH HOUR A		AY YEAR 19	21c. HOW INJURY OCCUR 21f. LOCATION STREET	RED (ENTER NATURE OF INJ		COUNTY	STATE
22a.1 certify that (1) (this h saw the deceased alive abave, (1) (we) (did) (did) 22b. SIGNATURE		nd that in (my) (aur) apinian DEGREE ATTENDING	MEDICAL _ STA	date and haur				
22d. PHYSICHAM'S NAME (T WAGONER, GAI	18		1 12	22e. ADDRESS	ALSH RD. CL		.21502	
230 BURIAL, CREMATION, REMO (SPECIFY) Burial	236. DATE 8-13-8			Gap Cemetery	23d LOCATION CITY OR TOWN	intstor	COUNTY	STATE

DHMH - 16 50M 4/82

BP.

marked or Item 18 shaws any

MPORTANT: If Item 21 is

24. FUNERAL DIRECTOR
SCARPELLI F.H.; 108 VA. AVE. ADCUMB.DM. 21502 (VRA 15, 4)

AUG 1 5 1982

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

(VRA 15. 4)

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

(VRA 15, 4)

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certificate has been sign

TO FUNERAL DIRECTOR: After this certificate h should be detached for use as the burial-transit is with the State Dept. af Health and Mental Hygiei

(VRA 15, 4)

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HOSPITAL

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IMPORTANT: If Hem 21 is

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- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIFICATE OF DEATH

REGISTRAR		CERTIFICATE OF DEA	REG. NO.	
1. DECEASED NAME FIR	Rose L.	Lindner	August 27,19	20 HOOK
3. SEX Female	4. RACE White	5. DATE OF BIRTH MONTH DAY	6 AGE (IN YEARS LAST BIRTHDA'	
Maryland	N 76 CITIZEN OF WHAT COUNT		9 BALTIMORE CITY OR CO	
Cumberland	Lions Manor Nu	rsing Home	ITION 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	12b. KIND OF BUSINESS OR
Maryland 136	ONE OR OTHER INSTITUTION GIVE RESIDENCE BY THE CHITY OF THE CUMBE	OWN 134 INSIDE CITY	LIMITS? 13e STREET ADDRESS 300 Bedford	Street
14 FATHER'S NAME FIRST ESPY	MIDDLE Lehman	15 MOTHER'S M	Zabeth MIDDLE	McMahon
160 WAS DECEASED EVER IN U (YES, NO OR UNKNOWN) (IF	YES, GIVE WAR OR DATES)	FECURITY NO. 17 INFORMANT 17-4888 Lions Mai	HILL MILLS IN HOUSE	Seton Drive Cumberland Md 215
PART I. DEATH WAS C	ter only one couse per line for (o), (b AUSED BY EDIATE CAUSE (v) <b>Heart</b>			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  2. WILCE
Conditions, if any, whi gave rise to immedia cause (a), stating t	te	y Aterioslcero	sis, Myocardial F	sis ??
	he ) DUE TO, OR AS A CONSE	OUENCE OF		

CERTIFICATION

MEDICAL

Fracture Left Femur 190. DATE OF OPERATION Infection (Catheter Fever)

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

NOT WHILE

216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M 19 21e PLACE OF INJURY

(AT HOME STREET FACTORY OFFICE, FARM, ETC.)

211 LOCATION

and that in (my) (our) opinion death occurred on the date and hour and Irom the causes stated

CITY OR TOWN

COUNTY STATE

NO [

IN CERTIFYING CAUSES OF DEATH?

YES [

22b. SIGNATURE

21d. INJURY OCCURRED

ATTENDING 22e ADDRESS

MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2

STAFF

22c. DATE SIGNED 8/27/82

230. BURIAL, CREMATION, REMOVAL

Samuel M. Jacobson, M.D.

23b DATE

22a. I certify that (1) (this hospital) attended the deceased from

DEGREE

50 Pershing St., Cumberland, Md. 21502

BP DHMH - 16 50M 1/81

BURLAL 8-30-1982

23c NAME OF CEMETERY OR CREMATORY

CUMBER LAND ALLEGANY

FUNERAL HOME, INC. CUMBERLAND, MD

E Sobe 5 -order Larbyanowal gracossicactura granosci Appertension over 10 Years | over 10 year Status Intertroducatoric Brackers Left Inger, arcteria, Uxinary Fract Enforction (Carbotor Fover)

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME KNOWN (TYPE OR PRINT) ESTI-LIPPOLD DEATH MATED X CATHERINE M. 3 SEX 4 RACE S DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE PRONOUNCED8-27 LAST BIRTHDAY) 21118 Female June 5. 1890 White DEAD 70. BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) ALLEGANY Maryland USA WIDOWED X DIVORCED 2, AND 3 TO THE FL.
3. RETAIN PAGE 52 SHOULD BE FILED
AL RECORDS, 201 WI ID CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 13. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR INDUSTRY IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS Housewife CUMBERLAND In Own Home 106 Greene St. USUAL RESIDENCE LIFTIN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION Allegany 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 3cfill Ber Yand 106 Greene St VITAL 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME S WITH FORM PM 3 WITH FORM PM 3 WIT. PAGES 1 AND 2 MIT. PAGES 1 AND 2 MIT. PIVISION OF VITA LAST MIDDLE Matthew Schellhaus Barbara Baker ALONG WITH SIT PERMIT. PAGES 1 P 17 INFORMANT ADDRESS Daughter 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. (YES, NO. OR UNKNOWN) (IF YES GIVE WAR OR DATES) 216-46-2122 Mrs. Mary Louise Crum. Somerset. N.J. IN CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)
PART I DEATH WAS CAUSED BY:
Cardiac arrest APPROXIMATE INTERVAL IAL - TRANSIT PERMIT MENTAL HYGIENE, I ON, OR REMOVAL Sudden DUE TO, OR AS A CONSEQUENCE OF Yrs Coronary artery heart disease Conditions, if ony, which gave rise to immediate couse (o) stoting the under DUE TO, OR AS A CONSEQUENCE OF USED AS A BURIAL - 1 OF HEALTH AND MEN ARIAL, CREMATION, C lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 :01 CERTIFICATION Hypertensive Cardio Vascular Disease 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? INER: THIS CERT.

FORWARDED TO THE CHIEF

TOR: PAGE 3 SHOULD BE USE

TOR: PAGE 3 SHOULD BE USE

TOR: PAGE 1 SHOULD BE USE

TOR TO BURIAN NOX YES 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21f LOCATION 21d INJURY OCCURRED NOT WHILE STREET, FACTORY, FARM, ETC. STATE CITY OR TOWN COUNTY WHILE AT WORK Inquiry X TO FUNERAL DIRECTOR:
AFTER DEATH, WITH THE S
BAILIMORE, MARYLAND, 22a I certify that I took charge of the remains described above, held on Autopsy Accident Homicide Undetermined manner deoth resulted Ing Natural causes SHOULD TITLE (SPECIFY) ACTUAL DATE 8-28-82 Assist. MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Paul Snow, M.D. Memorial Hospital (TYPE OR PRINT) ADDRES: 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE COUNTY STATE Burial 8-31-1982 SS.Peter & Paul Cemetery Cumberland. Allegany Md BP 24 FUNERAL DIRECTOR **DHMH-17** F. Scarpelli, Cumberland, Md. (VR A15 ME (5)

15M 2/80

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8	FOR 1 - STATE REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

9	5	A	6
1	n sell	-	9

		CEASED NAME FIRST	homas G	. Long	- 6	LAST	August 1	HTMON	982	AR	26 HOUR 4:00A
	3 SE		4 RACE			OF BIRTH	6 AGE (IN YEARS LAST BIRT	HDAY)	MONTHS D		IF UNDER 24 HRS
		Male	Whit	е	Jar	i. 23°, 189°9°	83	YRS.	MONTHS	AYS	HOURS MIN.
1		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9. BALTIMORE CITY OF	COUNTY	OF DEAT	Н	
9			USA		WIDOW		Allegany			MD	
6	C	O. CITY OR TOWN OF DEATH 11. NAME OF		Memorial	ADDRESS) Hosi	or other institution	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Retired F	ON WORKING LIF	E) INDUS	TRY	BUSINESS OR Farm
5	130 S			GIVE RESIDENCE BEFORE 13c. CITY OR TOW  Oldtown	N	13d INSIDE CITY LIMITS?	Route 1. B	ox 38	39		
0	14 F#	ATHER'S NAME FIRST Uriah Lor	MIDDLE	LAST		15. MOTHER'S MAIDEN NAME Hannah Ta	MIDDLE			LAST	
		WAS DECEASED EVER IN U.S. AF	RMED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRES	SS			
		No	TE THAN ON DATES!	215-36-	8688	Mrs. Olive	M. Long, Ol	dtown	, Md.	W	lfe
		18 CAUSE OF DEATH (Enter only one couse per leader of the and to part I. Death was CAUSE BY:  Arteriosclerotic Myocardial Disease								Sudden	
		Canditions, if any, which gave rise to immediate cause lot, stating the underlying cause last									
	N O	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN							EN IN PAR	RT 1/a	
2	CERTIFICATION	190. DATE OF OPERATION	DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED						S, WERE FII FYING CAU		
7		?10. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	AIR	DE INJURY M. MONTH DA M.	AY YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 P	PART I OR PAR	T 2)	
	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK		REET FACTORY, OFFICE, F	Ann	21f LOCATION STREET	CITY OR TOW	IN	COUNT	Y	STATE
		270. I certify that (1) (this haspital) attended the deceased from 19 1078, to Present 19, that (I) (we) los saw the deceased office on August 19, 1982, and that in (my) (aur) apinion deoth occurred an the date and hour and from the causes stated above, (I) (we) (did) (did not) view the bady after death.									
		27b. SIGNATURE		areled	M.2		MEDICAL STAF	F AN 🗌	1		IGNED -82
1		Benedict Ski	tarelic	, M.D.		ER R#9, Cu	umberland, M	aryla	and 21	150	2
	23o E	BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOC (17)					23d LOCATION CITY OR TOWN Old tow	n.Md.	COUNTY	gar	STATE

DHMH - 16 50M 1/B1 (VRA 15, 4)

MPORTANT: If Hem 21 is

24 FUNERAL DIRECTOR James F.Scarpelli, Cumberland, Md. Old town, Md. Allegany

Sold August Signature

250 August Signature

AUG 24 1982

inner 15, 1982 and . exist and recent bouten are Intigon Columns and Bracketon The state of the s interior of a second of the se And the second s March 10, 100 the classic profession to the a made . It modify gretard ato: SMI-23-9 E feltat-James J. senge It, buckerland, d.

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	Ľ	STATE REGISTRAR		37 176	1 15		ICATE OF DEAT	la constant	REG. N		7 3	
0.5		CEASED NAME OR PRINT)	FIRST		WIDDLE	L	AST		20 DATE OF DEATH	MONTH DA	Y YEAR	2b. HOUR
72			LTON		KENDIG		MARTIN				2 82	2215 M
(風流	3. SE			4 RACE		5 DATE C		YEAR	AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS
neng .		MALE		WHITE		11		18	63	YRS	ATTION DATE	
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DHMH - 16 50M 4/82

14 FUNERAL DIRECTOR H. Wayne George ADDRESS
GEORGE FUNERAL HOME GREENE ST., CUMBERLAND, (VRA 15, 4)

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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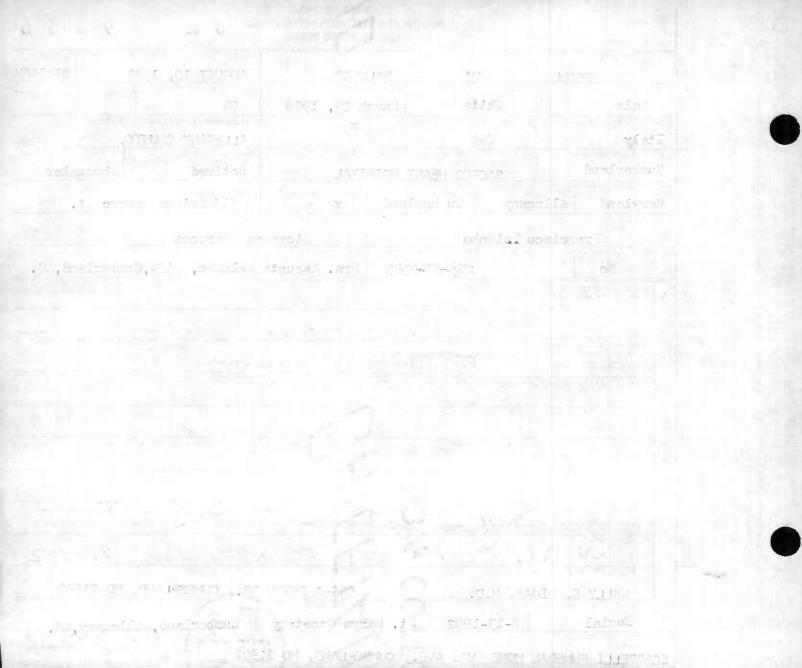
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PLEASE ECTOR. FILE	3. SEX	4. RAC	E 3	5. DATE OF BIRTH	6. AGE (1	N YEARS IF UI	NDER 1 YR. IF UN		2c. DATE PRONOUNCED	MON	TH DAY	YEAR 24 HOUR
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IF ANY DELAY IS N AND 3 TO THE FU S. RETAIN PAGE 5 SHOULD BE PILED. I. RECORDS, 20 W	13e. STA		URSING HOME OR 136 COUNT ALLEG	ROTHER INSTITUTION, GI Y <b>ANY</b>	13 CITY OR TOW		13d. INSIDE CITY LIMITYES KIK NO	115?   13e STRE	TADDRESS	ephart	Dr.	
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UD BE EXECUTED BE EXECUTED BE EXECUTED BY PENDING IN PROPERTY AND MILL, CREMATION,		ART 2 OTHER SIGNIFICAT	NT CONDITIONS C	ONTRIBUTING TO DEATH	BUT NOT RELATED TO THE	TERMINAL OISEA	SE OR CONDITION GIVEN	IN PART 1 (a).				
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EXAMINER: THI CERTIFICATE, W ULD BE FORWA DIRECTOR: PA( ), WITH THE STAT MARYLAND, 215		22a I certify that death resulted from		e af the remains des	cribed abave, held a	n Autar Suicide	osy 🔲, Inspi ], Hamicide [	ectian 🐼 . Undete	Inquiry 💹		y apinian	
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Bb	23a,BUF (SPE	IAL, CREMATION, I Burial		8/28/82	231. NAME OF HILLORI	CEMETERY C	or crematory rial Park	2, 23d 10	CATION Mberlan	d, All	egany M	aritand
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STATE OF MARYLAND FOR - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

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DECEASED NAME FIRST		WIDDLE	L	AST		20 DATE OF DEATH		DAY	YEAR	26 HOUR	R
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SEX	4 RACE		5. DATE C			6 AGE IN YEARS LAST B	SIRTHDAY)	IF UNI	DERIYEAR	IF UNDER 2	
Male	Caucas	ian	07	19	09	7	73 YRS	MONTH	DAYS	HOURS	MIN.
BIRTHPLACE (STATE OF FOREIGN		WHAT COUNTRY?	8 AAA PRIE	D NEVER	AAPPIED T	9 BALTIMORE CITY			EATH		
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Cumberland	Lions M	HOSPITAL, NURSIN HEACILITY, GIVE STREET / IANOP, Set	on Dr.	Cumbe	rland	12d USUAL OCCUPA (TYPE OF WORK FOR MOST Laberer			L KIND O LOUSTRY Celar	F BUSINES	SS OF
	or other institution UNITY Legany	GIVE RESIDENCE BEFORE 13c. CITY OR TOWN  Cumber	N 1	13d. INSIDE C	NO 🗌	13e STREET ADDRESS 715 Mary	and .	Aven	ue		
FATHER'S NAME FIRST  Thomas	MIDDLE	Reed			MAIDEN NA	WE		Flee	gle	T	
WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMA	NT	ADDI	RESS				
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gave rise to immediate couse (a), stoting the underlying couse lost.  PART OTHER SIGNIFICAN  19a DATE OF OPERATION	CONDITIONS CO	1 1 1 /2	DEATH BUT			NINAL DISEASE OR CON	20b IF	res, wer	RE FINDIN	GS USED OF DEATH	H2
190 DATE OF OPERATION  210, ACCIDENT WAS UNDERLYING						YES NO		YES	CAUSES	NO [	1
OR CONTRIBUTING CAUSE OF DE LIFE FILLE NOTIFY MEDICAL EXAMINATION OF THE LIFE FILLE OF THE LIFE OF THE	21e PLACE ( (AT HOME STR	M. MONTH DA M. OF INJURY LEET, FACTORY, OFFICE FA	19 ARM ETC)	211 LOCATIO	, 19 <u>8</u> 2	CITY OR T	0WN	. 19_6	OUNTY	that Mi (w	ATE e) las
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BURIAL, CREMATION, REMOVA		. 23c N	IAME OF CE	EMETERY OR C		23d LOCATION	Б	1500	And C	- Laur	4
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FUNERAL DIRECTOR		, 1204 8	unse.	VIEIII(C	25a. DAT	E REC'D. BY REGISTRAI	R 25b REG	STRAR'S	egat	URE.	V
William G.	Kight	Cumber	land	MD		AUC - 4 100	1	Lavers	_	Mari	Them

Cumberland, MD

DHMH - 16 50M 1/81 (VRA 15, 4)

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n and campletely filled in by the funeral director. Pages 1 and 2 should be filed within 72 hours oft

## STATE OF MARYLAND

				REG. NO.	
I. DECEASED NAME FIRST		MIDDLE	iggleman	20. DATE OF DEATH MONTH	26. HOUR 10:30p
sex female	4 RACE white	I DA	TE OF BIRTH 89	6 AGE (INYEARS LAST BIRTHDAY)  92  YR	IF UNDER 1 YEAR IF UNDER 24 HRS.
Mest Virginia		WHAT COUNTRY? 8	RIED NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR COUR Allegany	
Frostburg	Frostbu	HOSPITAL, NURSING HOA HEFACILITY, GIVE STREET ADDRESS! TG Community	Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN  Textile	IZE. KIND OF BUSINESS OR INDUSTRY  Retired
		GIVE RESIDENCE BEFORE ADMISSI 13t, CITY OR TOWN Cumberla	113d. INSIDE CITY LIMITS?	13e. STREET ADDRESS Morningsid	de Drive
4 FATHER'S NAME FIRST  Gabriel	WIDDLE	Sites	IS MOTHER'S MAIDEN NA LaVina	WE	Kesner
WAS DECEASED EVER IN U.S., IYES NO OR UNKNOWN) UNKNOWN (NO)	ARMED FORCES?  GIVE WAR OR DATES!	214 36 684		ADDRESS 1 48 Tarn Terra	ace, Frostburg,
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gave rise to immediate couse (a), stating the underlying couse last.  PART 2 OTHER SIGNIFICAN	ic Bre	Minery	BUT NOT RELATED TO THE TERM	May arter	GIVEN IN PART 1/0-  YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?
gave rise to immediate couse 101, stating the underlying couse lost.  PART 2 OTHER SIGNIFICAN  19a. DATE OF OPPRATION  21a. ACCIDENT WAS UNDERLYING	T CONDITIONS CO	DYTRIBUTING TO DEATH IN JUNE TO DEATH IT ON FOR WHICH OPERA FINJURY M. MONTH DAY YE	BUT NOT RELATED TO THE TERM THON WAS PERFORMED  216. HOW INJURY OCCURRA	May arter	RTIFYING CAUSES OF DEATH?  YES NO
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TO FUNERAL DIRECTOR: After

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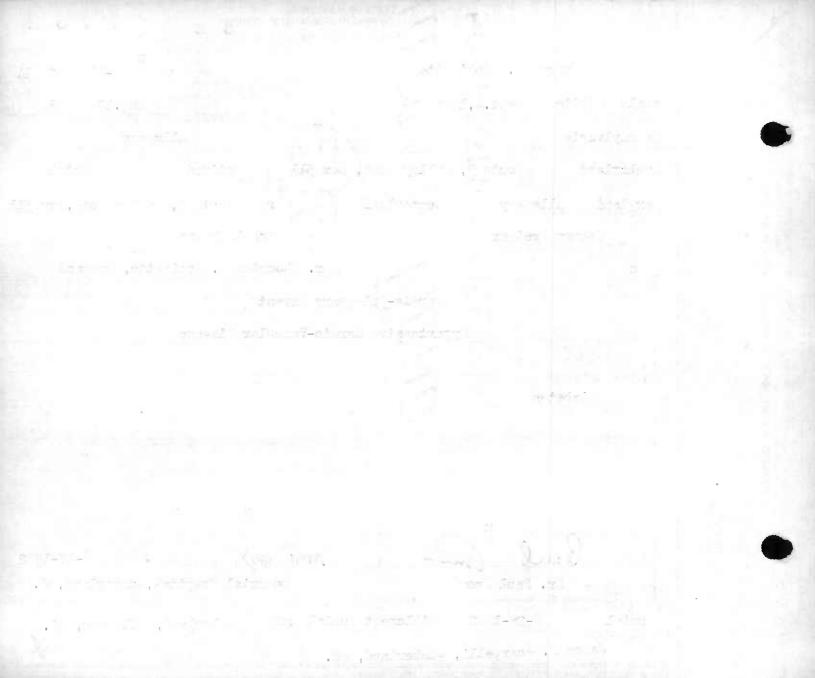
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1-	FOR STATE		DEPARTMENT OF HEALT DICAL EXAMINER'S		E DEXTURE	5 6 2
	REGISTRAR  ECEASED NAME FIRST  YPE OR PRINT)		WIDDLE	LAST	REG. NO.  26. DATE KNOWN MONTH OF ESTI-	DAY YEAR 25 HOUR
	Grace	V. Robi	nette			-17 1982 1A M
3. SE	emale White	Sept.4,1	year 6 AGE (IN YEARS IF L LAST BIRTHDAY) MOR	INDER 1 YR. IF UNDER :	Aug. J	DAY YEAR 24 HOUR 1982 M
70 B	BIRTHPLACE (STATE OR OREIGN COUNTRY)	76 CITIZEN OF WH	AT COUNTRY2	RIED X NEVER MARRIE	9 BALTIMOPE CITY OF COUR	
2	Pennsylvania	USA	WIDO		433	MD.
0	Cumberland	Route 3,	PITAL, NURSING HOME, OR OT VALLEY ROad,	Box 511	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)  Retired	
/ 13a. S	JAL RESIDENCE (IF IN MURSING HOMEO STATE 136 COUNT Maryland Alle	Y	e residence before admission) 13c. CITY OR TOWN Cumberland	13d. INSIDE CITY LIMITS? YES NO 1		Road, Box 511
0	FATHER'S NAME George Kr		LAST		hel Shuman	LAST
160.	WAS DECEASED EVER IN U.S. ARA (YES, NO. OR UNKNOWN) (IF YES, GIVE Y	AED FORCES? WAR OR DATES)	16b. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS	
	No			Mr. Thorn	ton W. Robinette, H	
	18 CAUSE OF DEATH (Enter onl PART I DEATH WAS CAUSED	y one couse per line	for (o), (b), and (c).)  Cardio-Pulmo			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if only, which gove rise to immediate cause (a) stating the <u>underlying cause lost.</u> PART 2 OTHER SIGNIFICANT CONDITIONS	DUE TO, OR	ypertensive Ca AS A CONSEQUENCE OF  UT NOT RELATED TO THE TERMINAL DISE.			
O N	Diabetes					
CERTIFICATION	190 DATE OF OPERATION	19b. CONDIT	ION FOR WHICH OPERATION	WAS PERFORMED?		20 AUTOPSY?  YES NO NO
			MONTH DAY YEAR	HOW INJURY OCCURRED	) (ENTER NATURE OF INJURY IN ITEM 18 PART I OR P	ART 2)
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE O STREET, FACTO	OF INJURY (AT HOME, 21f. L ORY, FARM, ETC.)	OCATION STREET	CITY OR TOWN CO	OUNTY STATE
4	22a I certify that I took charged death resulted from Natura ACTUAL SIGNATURE	e of the remains described at courses ,	Accident . Suicide .	Homicide	Undetermined manner	
2 - 23a. F	(TYPE OR PRINT)	Paul Snow		_ADDRESS	rial Hospital, Cumbe	erland, Md.
	FUNERAL DIRECTOR	-20-1982	Hillcrest B	urial Park	Cumberland, Alleg	
9))	James F.	Scarpelli	, Cumberland,	Md. A	JG 2 0 1982 Joan	Towerf



- STATE

(VRA 15, 4)

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

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CONTRIBUTING CAU	JSE OF DEATH	HOUR A.M.			21c HOW INJ	URY OCCUR	RED (ENTER NAT	URE OF INJURY IN	HEM 18 PAR	RT I OR PART 2)	413
			INJURY	19		N		2111-			
		(AT HOME, STREET	T. FACTORY, OFFICE,	FARM, ETC )	STREET			CITY OR TOWN		COUNTY	STATE
sow the deceased	olive on	8	130/198	F1or	and that in (mys) (	our) opinion	, to death occurred	on the date	and hour c	ond from the	that (I) (we) last causes stated
SIGNATURE	1		- Fr		AT		MEDICAL DIRECTOR	STAFF	<b>ч</b> П	22c. DATE	SIGNED
PHYSICIAN'S NAM	THE OF FRE	1								Bldg.,	
r. Riaz A.	Janj	ua		واللب				-		0-,	
AL, CREMATION, REA	MOVAL 23	36 DATE	23c	NAME OF C	EMETERY OR CI	REMATORY	23d LOCA	ION DR TOWN		COUNTY	STATE
		-	. 00 K	ALBAUG	H CEMET	ARY		GARD	M IS	THERAL	WV
L H	ACCIDENT WAS UNDER CONTRIBUTING CAL FETHER NOTIFY MEDICAL INJURY OCCURRET ALL CORRET  CORRET  ALL CREMATION, RE	I certify that (I) (this hospital) sow the deceased alive on above, (I) (we) (did) (did not) vi	ACCIDENT WAS UNDERLYING 21b. TIME OF HOUR A.M.  FEITHER NOTIFY MEDICAL EXAMINER)  INJURY OCCURRED  ALL WORK ALL WORK  1 certify that (1) (this hospital) attended the sow the deceased alive on above, (1) (we) (did) (did not) view the body of the deceased of the sow the deceased alive on above, (1) (we) (did) (did not) view the body of the deceased of the sow the deceased alive on above, (1) (we) (did) (did not) view the body of the deceased of	ACCIDENT WAS UNDERLYING   21b. TIME OF INJURY HOUR A.M. MONTH E CONTRIBUTING   CAUSE OF DEATH HOUR A.M. MONTH E P.M. INJURY OCCURRED   21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, ORAL WORK   CAUSE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, ORAL WORK   CAUSE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, ORAL WORK   CAUSE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, ORAL WORK   CAUSE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, ORAL WORK   CAUSE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, ORAL WORK   CAUSE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, ORAL WORK   CAUSE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, ORAL WORK   CAUSE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, ORAL WORK   CAUSE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, ORAL WORK   CAUSE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, ORAL WORK   CAUSE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, ORAL WORK   CAUSE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, ORAL WORK   CAUSE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, ORAL WORK   CAUSE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, ORAL WORK   CAUSE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, ORAL WORK   CAUSE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, ORAL WORK   CAUSE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, ORAL WORK   CAUSE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, ORAL WORK   CAUSE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, ORAL WORK   CAUSE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, ORAL WORK   CAUSE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, ORAL WORK   CAUSE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, ORAL WORK   CAUSE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, ORAL WORK   CAUSE OF INJURY   CAUSE OF INJURY	ACCIDENT WAS UNDERLYING   21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR FETHER NOTIFY MEDICAL EXAMINER) P.M. 19  INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, FARM. ETC.)  1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on obove, (1) (we) (did) (did not) view the body after death  PHYSICIANS NAME (THE CAPPAIR)  2 PHYSICIANS NAME (THE CAPPAIR)  AL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CORP.	ACCIDENT WAS UNDERLYING   21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 INJURY OCCURRED   21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, FARM, ETC.)   21f. LOCATION STREET (AT WORK AT WORK A	ACCIDENT WAS UNDERLYING	ACCIDENT WAS UNDERLYING	ACCIDENT WAS UNDERLYING ZIB. TIME OF INJURY ZIG. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ACCIDENT WAS UNDERLYING ZIB. TIME OF INJURY DAY YEAR YEAR YEAR ZIG. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN YEAR	ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY YES	ACCIDENT WAS UNDERLYING

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

(VRA 15, 4)

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IMPORTANT.

		STATE OF MARYLA
	FOR 1 - STATE	DEPARTMENT OF HEALTH AND I
701	REGISTRAR	CERTIFICATE OF D

MENTAL HYGIENE

L	- STATE REGISTRAR			CERTII	FICATE OF DEATH	REG. N	0	1 3	0 0
	PECEASED NAME FIRST EDWARD	EN	ERETT S	HAW	LAST	AUGUST 6,	MONTH DAY	YEAR	26 HOUR P
	Male	4 RACE Wh	ite	MONT	DAY 1906	6 AGE (IN YEARS LAST BIR	THOAY) IF U MON	THS DAYS	IF UNDER 24 HRS. HOURS MIN.
4	BIRTHPLACE (STATE OR FOREIGN COUNTRY Maryland	76. CITIZEN OF	what country?	8	D M NEVER MARRIED	9 BALTIMORE CITY O		DEATH	MD
	CUMBERLAND		HOSPITAL, NURSING HOSPITAL HOSPI		OR OTHER INSTITUTION	120 USUAL OCCUPAT			BUSINESS OR uction
130	OUAL RESIDENCE (IF NURSING HOME OF STATE 136 COU Aryland Alli		GIVE RESIDENCE BEFORE	admission) in und	134. INSIDE CITY LIMITS?	13. STREET ADDRESS.	st.		
14	FATHER'S NAME FIRST  HENTU	WIDDLE	Shaw		15 MOTHER'S MAIDEN NAME ELEGANOR	WE		Robi	nson
160		RMED FORCES? VE WAR OR DATES)	218-14-9		17. INFORMANT Clarence E.	Shaw, 15 Fo		t. Cum	d. 21502 berland,
	18 CAUSE OF DEATH (Enter of PART 1. DEATH WAS CAUS)		4	d (c l)	anut			BETWEENO	MATE INTERVAL INSET AND DEATH
	Canditions, if any, which	DUE TO, O	R AS A CONSEQUE	NCE OF	mossini r	12		imi	-dut
	gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, O	r as a conseque	NCE OF					rait
NOIL	PART 2. OTHER SIGNIFICANT		D. D.	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	N PART 11a	
CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a. AUTOPSY? YES NO XX	20b. IF YES, WIN CERTIFYING		
	OR CONTRIBUTING TO CAUSE OF DE	AIR		YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJUI	ry in item 18 part t	OR PART 2)	
MEDICAL	21d INJURY OCCURRED	21e. PLACE [AT HOME, STE	OF INJURY	ARM, ETC )	21f LOCATION STREET	CITY OR TO	WN	COUNTY	STATE

STREET CITY OR TOWN

226. SIGNATURE

DEGREE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22c. DATE SIGNED

22d. PHYSICIAN'S NAME (* OR PRINT) ANTHONY BOLLINO,

NOT WHILE

220.1 certify that (1) (this haspital) attended the deceased from

955 FREDERICK STREET

our) apinian death occurred an the date and hour and from the causes stated

BP	Bur
DHMH - 16 50M 1/B1 (VRA 15, 4)	24 FUNERAL DIRECT

23a BURIAL, CREMATION, REMOVAL 23b. DATE ial 8/10/82 23c NAME OF CEMETERY OR CREMATORY Mt. Herman Cem.

Nr. Cumberland, Allegany Md.

21502 Gaigne George 202 Greene St. Cumberland, Md.

6:39	see: ,a raunum		William.	THENNE	EDITATE
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21 1 10000				meller.	
AND, NO 2150	CK SYNEET DUHBERL	955 FREDERI		.O.H .GH	TUBOS YMORTWA
	and	hast N		1/12/32 1/2 Graeno 52	

		FOR	DEPAR	STATE OF MARYLAND MENT OF HEALTH AND MENTAL H	YGIENE Q 9	19567
	L	STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	,,,,,,,
25.47		CEASED NAME FIRST WIFE	ANDOLE O	Small	20 DATE OF DEATH MONTH	22 82 1030 A
W	3. SE	Male	White	5 DATE OF BIRTH MONTH DAY YEAR 07 17 11	6. AGE (IN YEARS LAST BIRTHDAY)	FUNDER LYEAR FUNDER 24 HRS MONTHS DAYS HOURS MIN
22 hou	B	RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	Hlegar	
of the state of th	Fr	ostburg, Md	Frastburg Villag	e Nursing Home	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK) BUSINESS Man	NG LIFE) 12b. KIND OF BUSINESS OR INDUSTRY NEWSTAND
and but B2		STATE . 136 GOUI			34 W. Mechanie	cSt. Frostburg. M
010 and	14 F	James  James	MDDLE Sma	11 MOTHER'S MAIDEN N	WIDDIE	Symons
Pages 1	160 \	VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? 166 SOCIAL SEC E WAR OR DATES) 214-07-		H SMALL, FR	OSTBURG, MA.
d by the attending pny ase remove carbon pap ial, cremation, or remo y, or other traumatic e		PART I. DEATH WAS CAUSE	DUE TO, OR AS A CONSECU	diae failm	art failure	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Many mobiles
e has been signer bermit. Then ple ene prior to buri shows any injur	CERTIFICATION	PART 2 OTHER SIGNIFICANT (  C V A -  190 DATE OF OPERATION	Arterioscless	DEATH BUT NOT RELATED TO THE TEN	200 AUTOPSY? 206. I	F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?
transit prital Hygi		21g. ACCIDENT WAS UNDERLYING.  OR CONTRIBUTING. CAUSE OF DE.  (IF EITHER, NOTIFY MEDICAL EXAMINER	HOUR A.M. MONTH	DAY YEAR	YES NO PARED (ENTER MATURE OF IMJURY IN STEA	YES NO
the burial thank Men	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21a PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	21f LOCATION	CITY OR TOWN	COUNTY STATE
OIRECTOR: hed for use as Dept. of Heali If Item 21 is		saw the deceased alive an	at) view the baby after death.	D-EC , 1972 and that in (my) (aur) apinio	n death occurred an the date and	haur and from the causes stated
		276 SIGNATURE	Sandhw	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	8 24 82
should be detaction with the State (IMPORTANT:			IBHIR, M.D	* FBG Com	M. HOSPITAL,	FROSTBURG, MD
- 75 S =	_ '	BURIAL CREMATION, REMOVAL	1236. DATE 236 AUG. 24, 1982	NAME OF CEMETERY OR CREMATORY ROST BUKG MEMOK	LAURUS FROST B	
HMH-16 25M RA 15, 4) 1/79	24 F	DURST FUNERA	AHOME, FROSTE	M.	AUG 3 0 198?	GISTRAR'S SIGNATURES

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(VRA 15, 4)

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(VRA 15, 4)

STATE OF MARYLAND

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		FOR STATE REGISTRAR		STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 2   REG. NO.	9 5 7 0
100		EASED NAME FIRST	TANINA (CENEY	LAST		DAY YEAR 26 HOUR
be ege 3	[ IANE C	GEORG	IANNA GENEV	TABLER	AUGUST 16, 1982	1:59 P
ôu Para	3. SEX		4. RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HE
Poge 4		Female	White	July 24, 1924	58 YRS.	
Terol H	CC	THPLACE (STATE OR FOREIGN DUNTRY)  arvland	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUNTY ALLEGANY COUNTY	
s ofter de	10. CIT	y OR TOWN OF DEATH	111. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE SACRED HEAR	ING HOME OR OTHER INSTITUTION	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE HOUSEWITE	176. KIND OF BUSINESS C
filled in the sould be in	USUA 13a ST		or other institution give residence berounty 13t. CITY OR TO Ridgele		13e STREET ADDRESS 22 Bridge S	st.
mplerely ond 2 sho		HER'S NAME FIRST	MIDDLE LAST Francis Pratt	15. MOTHER'S MAIDEN NA		LAST
ond cor Poges 1 o	(YE	AS DECEASED EVER IN U.S. AT S. NO OR UNKNOWN) (IF YES, GI		CURITY NO. 17 INFORMANT	ADDRESS  C. Tabler. Ridge	alev W Va Hu
is that the deceded by the otter please remove irral, cremation, or other trour		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEON			BO YEARS
s been sign rmit. Then prior to bu	CATION	Cor Pula 90. DATE OF OPERATION	196 CONDITION FOR WHICH	HOPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES	
nn. has been sign permit. Then sne prior to bu	CERTIFIC	98. DATE OF OPERATION  710. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING ] CAUSE OF DE	196 CONDITION FOR WHICE	H OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES	, WERE FINDINGS USED YING CAUSES OF DEATH?
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D HOSPITAL OR ATTENDING PHYSICIAN: The low require iteined by the hospital or attending physicion.  O FUNERAL DIRECTOR: After this certificate has been sign hould be detached for use as the Buriol-tronsit permit. Then with the State Dept. of Health and Mental Hygiene prior to burn the MadoRTANT; if them 21 is marked or them 18 shows any injury appRTANT; if them 21 is marked or them 18 shows any injury.	WEDICAL SEC 1	21d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK 22d. I certify that (1) (this hasp sow the deceased alive or obove, (1) (we) (did) (did not) 22d. PHYSICIAN'S NAME (WE)	21b. TIME OF INJURY HOUR A.M. MONTH ER)  21c. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE Ditol) ottended the deceosed from A. J. G. 19 OR PRINT)  /L IN, M.D.  L 23b. DATE  23c.	DAY YEAR 19 210 HOW INJURY OCCUR 19 210 LOCATION STREET 19 211 LOCATION DEGREE 19 210 ADDRESS	200 AUTOPSY? 200. IF YES IN CERTIFY YES NO YES IN CERTIFY YES NO YES RED (ENTER NATURE OF INJURY IN ITEM 18 PA  CITY OR TOWN  2. to Aus A  deoth occurred on the dote and hour DIRECTOR PHYSICIAN STREET, LONACONIN  236. LOCATION CITY OR TOWN	WERE FINDINGS USED YING CAUSES OF DEATH?  NO ART I OR PART 2]  COUNTY STATE  TO ME COU

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CUMBERLAND. MD.

STATE OF MARYLAND

FOR

GEORGE FUNERAL HOME

(VRA 15, 4)

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FOR STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFIC ATE OF DEATH

REGISTRAR			CERTIF	CAILOID	EATH	RF	G. NO.				
I. DECEASED NAME FIRS		MIDDLE	L	AST		20. DATE OF DEA	TH MONTH	DAY	YEAR	2b. HOU	R
(TYPE OR PRINT)	rgaret	E. 1	Jhl				08	14	82	7:03	p,
3. SEX	4. RACE		5. DATE O			6 AGE (INYEARS LA	ST BIRTHDAY)		DER I YEAR	IF UNDER	_
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BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	D. VEVER	. A DDIES DE	9 BALTIMORE CI	TY OR COUN	ITY OF	DEATH		
Maryland	U.S.	Α.	WIDOWE	D DEVERA	ORCED T	Alleg	any Co	intv			M
CITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	IG HOME O			12a USUAL OCCL	PATION	1	26 KIND C	OF BUSINE	_
Frostburg		thura Con		v Hosn	ital	Secretar			DUSTRY Sor	e	
SUAL RESIDENCE (IF NURSING HO	ME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)						3 - 0		
Maryland A	llegany	Mt. Sava		13d INSIDE CI	NO 🗆	13e. STREET ADDR	hurch :	+2			
I. FATHER'S NAME			196	15 MOTHER'S			iui cii .	J 6, 9			
Charles	MIDDLE	Uh1			llie	MIDI	DLE		Hin		
o. WAS DECEASED EVER IN U.S	ARMED FORCES?	16b. SOCIAL SECU	IRITY NO.	17. INFORMA	1110	A	DDRESS		11111	KIE	
	S, GIVE WAR OR DATES)	220-46-6	5741	V Car	nton /	48 Tarn T		Ew	acth	1100	MD
Unknown				N. Cal	rter,	to larii i	errace	, [[			עויו
PART I. DEATH WAS CA		10	1 1 10	Dark	· /.	· low	2	-	BETWEEN	ONSET AND	DEATH
1 COMME	DIATE CAUSE (0)	Curr	uo.	resolv	Wood	y -jour.	oure	-			~
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Conditions, if any, which		Susta	red	Aug .	Jung	m		-			_
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underlying couse los	(c)_(	Theotonel	ob	struck	him m	un / 1945	700	pre	ne		
PART 2 OTHER SIGNIFICA	NT CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERM	IN AL DISEASE OR	CONDITION	GIVEN I	PART 1	0	-
Old	age.	00	> - (	MAP	mus	i ·				77.79	
190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYIN	V 196 COND	ITION FOR WHICH	OPERATION	WASPERFO	RMED	20a AUTOPSY?				OF DEAT	
						YES NO	_	YES 🗌	]	NO [	
	110110 4	FINJURY M. MONTH DA	AY YEAR	21¢ HOW IN	JURY OCCUR	RED (ENTER NATURE O	F INJURY IN ITEM	18 PART I	OR PART 2)		
FETHER NOTIFY MEDICAL EXA	DEATH	M.	19								
OR CONTRIBUTING CAUSE OF THE EITHER NOTIFY MEDICAL EXA	21e. PLACE	OF INJURY		211 LOCATIO	N	CITY	ORTOWN		COUNTY	5	TATE
MHILE NOT WHILE AT WORK	] [AT HOME SI	REET, FACTORY, OFFICE F	ARM, ETC )	SIRCEI			04.10.111				
220 I certify that (I) (this	nospital) attended th				, 19	, to	114	19		that (I) (a	
sow the deceased almobave, (I) (we) (did) (d	e on You the hady	ofter death	2 . on	d that in (my)	(our) opinion	deoth occurred on t	he date and h	סחם זעסר	I from the	couses sto	ted
22b. SIGNATURE	)/ (	d.		REGREE		3.6	10.7		221 DATE		
	( Jours	dhir'	Mh		TTENDING PHYSICIAN D	MEDICAL DIRECTOR PH	STAFF IYSICIAN [		8/1	5/8.	2_
22d. PHYSICIAN'S NAME (	TYPE OR PRINT)			22e ADDRESS		g o mecton [] []	. OICIAI - L				

DHMH - 16 50M 1/B1 (VRA 15, 4)

MPORTANT: If Item 2

BURTAL

23a. BURIAL, CREMATION, REMOVAL

Sandhir, MD

AUG. 17 182

23b. DATE

48 Tarn Terrace, Frostburg, MD

23c NAME OF CEMETERY OR CREMATORY

St. George Parish

MT. SAVAGE, MD. T.

21532

250. DATE REC'D. BY REGISTRAN 251 SEGISTRAN'S SIGNATURE AUG 2 3 1982 24 FUNERAL DIRECTOR DURST FUNERAL HOME, FROSTBURG, MD.

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Tarm Terrace, Frostmurg.	Carter 1	1979-38-000		nkeeve

	1.	FOR STATE REGISTRAR		DEPARTA	MENT OF H	OF MARYLAND EALTH AND MENTAL HYGICATE OF DEATH	SIENE 8	2 REG. NO.	1 9	5	7	3
		CEASED NAME FIRST		MIDDLE	L	AST	20 DATE OF		DAY	YEAR	2b HOU	R
		Mayf		E.		ves low		8	26	82	4:50	. 141
	3. SE.		4. RACE		5. DATE O			ARS LAST BIRTHDAY]	MONTHS	DAYS	IF UNDER	24 HRS MIN.
1	2 0	Male  RTHPLACE (STATE OR FOREIGN	Whi		4	12 01	81	YKS				
Ŀ		Maryland	Amer	what COUNTRY?	WIDOWE			gany Cou		ATH		MD
TH		Frostburg	(IF NOT IN SUC	HOSPITAL, NURSIN THEACILITY, GIVE STREET, DUNG COMM	ADDRESS)	Hospital	Live or mount	CCUPATION FOR MOST OF WORKING -Gulf Set	LIFE) INDI	JSTRY	BUSINE	
25		AL RESIDENCE (IF NURSING HOME STATE 136 CC		GIVE RESIDENCE BEFORE 13c CITY OR TOWN Frostbu		13d INSIDE CITY LIMITS?		DDRESS IShington				
10	14 FA	ATHER'S NAME FIRST Herry	WIDDLE	Westlow	7	15. MOTHER'S MAIDEN NA FIRST  Julia	ME	MIDDLE	Kreit	LAST		
7		VAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES?	166 SOCIAL SECU		17. INFORMANT		ADDRESS			017	149
1	,	No	one on one of	213-09-6	557	D. Nolan	48 Tarr	Terrace	Fro	stb	urg,	MD
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4	_	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFETHER NOTIFY MEDICAL EXAMI	DEATH	M. MONTH DA	Y YEAR	2)c HOW INJURY OCCUR	RED (ENTERNATI	URE OF INJURY IN ITEM I	B PART 1 OR F	ART 2]		
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		220.1 certify that (1) (this has sow the deceased alive above, (1) (per) (did) (alid	on	26 19 8		d that in (my) (our) opinion	, to death occurred	8/26 on the date and h		om the c		
		22b. SIGNATURE	3(	Sandh	w }	ATTENDING PHYSICIAN	DIRECTOR [	STAFF PHYSICIAN	220	72	7/8	12-
			ndhir. M	.n.		22e ADDRESS 48 Tarn Te	rrace	Frostb	ura.	MD	215	32
	(	BURIAL, CREMATION, REMOV SPECIFY)  Burial	8/29/	200		METERY OR CREMATORY	Fros	tburg All	egan	M	<b>a.</b> si	TATE
1	-	INERAL DIRECTOR  SAME  TST Funeral Ho		rost Ave.		0.5	P 1 19	182 Joh	ISTRAR'S S	GU	JRE	

DHMH - 16 50M 1/81 (VRA 15, 4)

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4	1-	FOR STATE REGISTRAR									MENTAL H	- (	1 6	REG.	NO	7	3	1	***
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М	(TYP	OR PRINT)	**	BETT	Y		GER.	ALDIN	E .	WHIT	EMAN		OF DEATH	MATED	T.	8/4	F 19	82	12 AM
4	3. SEX	MALE	4 RACE	ITE	MONTH	OF BIRTH	YEAR	6. AGE (IN LAST BIRT)		HS DAYS	R. IF UNDER	MIN.	PRONOU DEAL	NCED	8/	14	DAY	982	7: 30
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7		NO OR UNKNO		N.A.	VAR OR DA		100.50	Jen e de con		MR.	VERN	ON J	WHIT	EMAN	ST		RT	1.36	
		18. CAUSE C	OF DEATH	(Enter only	y one co	use per lin		b), ond (c).)									BETWEE	OXIMATE EN ONSET	INTERVAL AND DEATH
OR REMOVAL.		11	10	IMMEDIATI	E CAUS			OCATO		Infa	retic	on					-		
2		Conditio	ons, if or	ny, which		DUE TO, OF	AS A CC			A 4	T	14							
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_		ACTUAL SIGNATURE	1/1	icl	int	as	(ii	an	the	M.D.	efri	UMEC	ICAL EXA	MINER	[	DATE SIGNED	8-	4	82
2	1	EXAMINER'S (TYPE OR PR	NAME INT)	NICH	IOL	AS G	IARR	ITTA,	M.D	ADDRES	s_900	SET	ON D	RIVE	, CU	MBE	RLA	AND,	MD.
	1.1	URIAL, CREMA	ATION, RE					NAME OF	EMETERY	OR CREMA	ATORY		OCATION			COUNT	TY	ST	Ď.
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(VRA 15, 4)

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STATE OF MARYLAND

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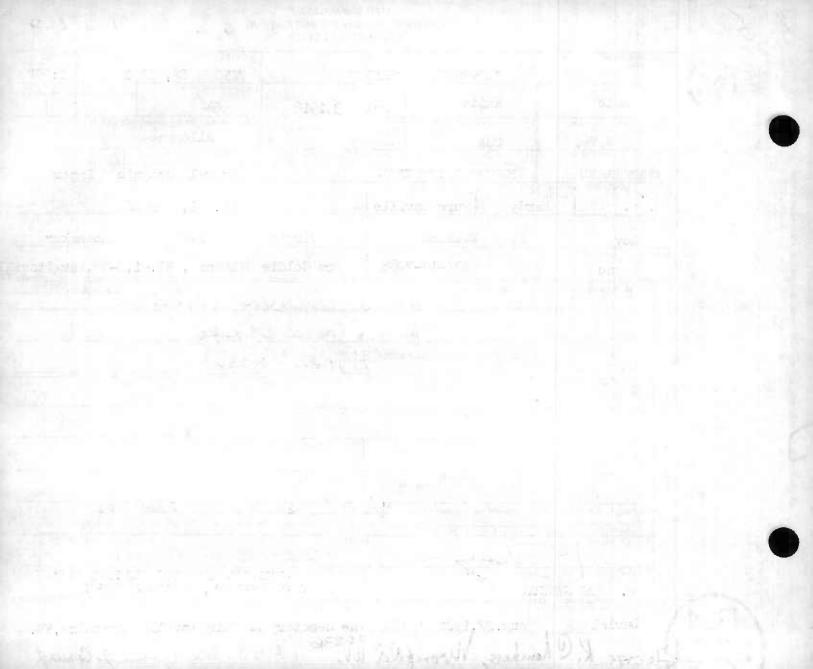
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ESTI-Max W. Willison DEATH MATED SEX 4. RACE 5. DATE OF BIRTH AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED Male White Oct.10, 1924 10 82 Aug. 10 DEAD To BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH 2, AND 3 TO THE FUNERAL 3. RETAIN PAGE 5 FOR SHOULD BE FILED, WITHIN MARRIED NEVER MARRIED West Virginia USA Allegany WIDOWED A DIVORCED 10. CITY OR TOWN OF DEATH IL NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS OR INDUSTRY FOR MOST OF WORKING LIFE) West Second Street Cumberland Railroad Retired RECORDS, USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 1136 COUNTY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 13a, STATE 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 15 West Second Street Allegany YES X Maryland Cumberland NO [ NOWITAL B 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME AFTER DEATH. Harvey Willison MIDDLE LAST LAST Susan Pyles GIVE PAGES VITH FORM P PAGES I AN 16a. WAS DECEASED EVER IN U.S. ARMED FORCES 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS Fort Ashby DIVISION (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 235-32-6278 Mrs. Wanda Troutman, Niece no W. Va. EXAMINER ALONG WIT RIAL - TRANSIT PERMIT. P D MENTAL HYGIENE, DIN DN, OR REMOVAL. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF **BURIAL-TRANSIT** Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF USED AS A BURIAL -OF HEALTH AND MEI JRIAL, CREMATION, C lying cause last. MEDICAL PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) CERTIFICATION 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? DEPARTMENT OF HI PRIOR TO BURIAL, 20 AUTOPSY? INER: THIS CERTIFICATE WORD ICATE, WRITING THE WORD E FORWARDED TO THE CHILL OF THE YES NO [ 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH UNDERLYING MEDICAL P.M 214 INJURY OCCURRED TIE PLACE OF INJURY (AT HOME 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE CITY OR TOWN COUNTY STATE NOT WHILE AT WORK AT WORK TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, A PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE STYLMORE, MARYLAND, 2 220. I certify that I taak charge of the remains described above, held an Inquiry X Autapsy and in my apinian death resulted fram: Natural causes Hamicide Undetermined manner TITLE (SPECIFY ACTUAL SIGNATURE EXAMINER'S NAME TYPE OR PRINT 230. BURIAL, CREMATION, REMOVAL 236 DATE 23d LOCATION Wesley Chapel 8-13-1982 Burial Points. . Va. BP 24. FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH-17** (VR A15 ME (5)) F. Scarpelli. Cumberland, Md 15M 2/80

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	PECEASED NAME FIRST	WIDDLE	LAST	Ze. DATE OF DEATH	26 HOUR 11:20
0.00	KENNETH	H WAYNE	WISENBURG  Is, DATE OF BIRTH	AUGUST 28, 198	Z AM
3. S	MALE	WHITE	3- 22-1912 YEAR		MONTHS DATS HOURS MIN.
70.	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?  USA	B. MARRIED TANEVER MARRIED TO THE WIDOWED TO DIVORCED TO THE WIDOWS THE WIDOWS TO THE WIDOWS THE WIDOWS THE WIDOWS THE WIDOWS THE WIDOWS TO THE WIDOWS	9. BALTIMORE CITY OR COUNTY ALLEGAN	
g ca co	CITY OR TOWN OF DEATH  MBERLAND	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET / MEMORIAL HOSPIT	ADDRESS)	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFT RET, MACHINIST	126. KIND OF BUSINESS OR INDUSTRY B&O RR
(130 M	ARYLAND ALLE	COMBERLA  COMBERLA	ND YEX NO 1	13e STREET ADDRESS CASH VALLEY ROA	AD
10//	FATHER'S NAME JAMES	GARFIELD WISEN	BURG CLARA	JANE	TRUE
16a.	WAS DECEASED EVER IN U.S. AR (YES, NO ORTHNHOWN) (IF YES, GIV	MED FORCES? 166. SOCIAL SECUI 710-09-7		ADDRESS URG 2 CASHVALLEY I	ROAD  APPROXIMATE INTERVAL BET WEEN ONSET AND DEATH
or or the remains contained to the conta	Conditions, if any, which gave rise to immediate cause Iol, stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)	emic las	20 mgo polt	-
to buy			<u>DEATH</u> BUT NOT RELATED TO THE TERM		
ental Hygiene prior to be them 18 shows any injur	198 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTIF	, WERE FINDINGS USED YING CAUSES OF DEATH? S NO
	OR CONTRIBUTING TO CAUSE OF DE	HOUR A.M. MONTH DA		RED (ENTER NATURE OF INJURY IN ITEM 18 P	ART 1 OR PART 2}
ed or	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.	ARM, ETC.) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
for use as of Health	saw the deceased alive an	ital) attended the deceased fram			19, that (I) (we) last r and from the causes stated
I: If Item	22b. SIGNATURE	coul	DEGREE ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
ORTANT TANT	DR. MOTI KOUL	DR (ARIALI)		AL HOSPITAL MED.	BLDG.

23c NAME OF CEMETERY OR CREMATORY

DHMH - 16 50M 4/B2

FUNERAL DIRECTOR 230 BALTIMORE AVE
LEASURE-STEIN FUNERAL HOME, INC. CUMBERLAND, MD 24 FUNERAL DIRECTOR (VRA 15, 4)

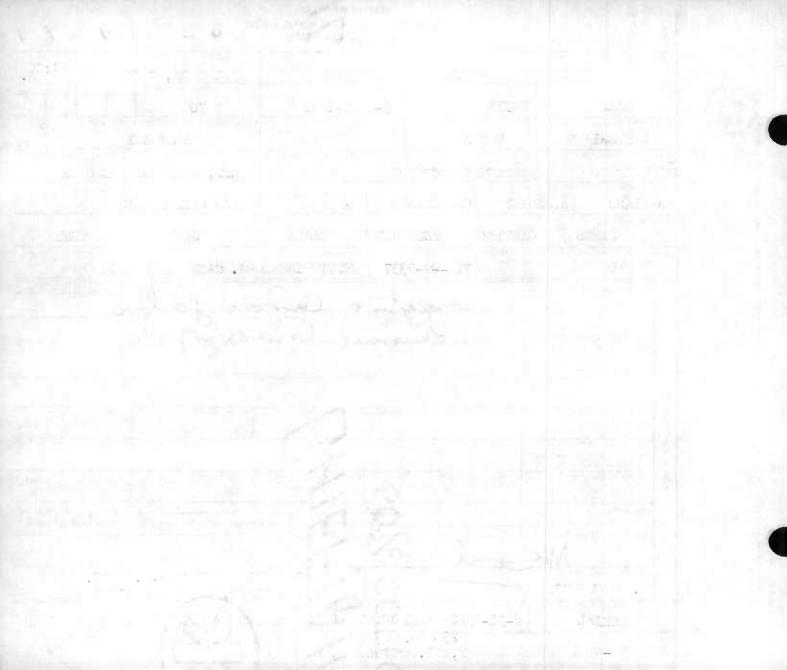
23b. DATE

8-31-1982

230. BURIAL, CREMATION, REMOVAL

BURIAL

HILLCREST BURIAL PARK



LaVale, Maryland

(VRA 15, 4)

John J. Hafer, Jr.

STATE OF MARYLAND

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENS - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME OF ESTI- XX (TYPE OR PRINT) DEATH MATED DELTA ELIZABETH WOLZ 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY) MONTHS PRONOUNCED :50 Female White DEC 1916 16. CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! WIDOWED X DIVORCED MARYLAND RD"PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 310 HE IN LHEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE 1. USED AS A BUSHAL-IRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED. OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITAL RECORDS 201W, RIAL, CREMATION, OR REMOVAL. ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS HE NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE! OR INDUSTRY HEART CUMBERLAND HOSPITAL CAFATERIA WORKER SCHOOL USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13b. COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS MARYLAND ALLEGANY YES-CLIMBERT A ME 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME GES 1, LAST LAST ALLEN KLOSTERMAN 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. (YES, NO, OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 217-10-7040 JOHN E. WOLZ JR. CUMB MD. 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Probable Pulmonary Embolism IMMEDIATE CAUSE (a), DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which Post-operative Status gove rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION Carcinoma of breast ten years ago. Carcinoma of Rectum july '82 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CERTIFICATE, WRITING THE WORD" PAGE 4 SHOULD BE FORWARDED THE CHIEF I TO FUNERAL DIRECTOR; PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, 20 AUTOPSY? 7/26/82 Carcinoma of rectum YES 210 EXTERNAL CAUSE WAS 21h TIME OF IN HIRY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21f. LOCATION STREET, FACTORY, FARM, ETC ) CITY OR TOWN STATE WHILE NOT WHILE Inspection XX 224 I certify that I took charge of the remains described above, held an Autopsy Notural causes Suicide Homicide Undetermined manner TITLE (SPECIFY) 8/11/82 ACTUAL Deputy SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Giovanni Mastrangelo Sacred Heart Hospital 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY (SPECIEV) COUNTY BURIAL PARK BURIAL HILLCREST CUMBERLAND ALLEGANY MARYLAND BP 24 FUNERAL DIRECTOR 230 BALTIMORE AVEN DHMH - 17 ADDRESS LEASURE-STEIN FUNERAL HOME.INC.CUMB.MD. (VR A15 ME (5) 15M 2/80

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	1-	FOR STATE REGISTRAR	DEP	ARTMENT OF HEAL	MARYLAND TH AND MENTAL HYG TE OF DEATH	SIENE 8 2	9	5 8 3
		CEASED NAME FIRST	MIDDLE	LAST		2a. DATE OF DEATH	MONTH DAY	YEAR 26 HOUR
A I		JOHN		IDER, SR.		AUGUST 5.	1982	11:55P
1.0	3. SE		4. RACE	5. DATE OF BII	RTH DAY YEAR	6. AGE JIN YEARS LAST BIR	THDAY) IF UNDER	DAYS HOURS MIN.
(10.0)		Male	White	Feb.	24, 1917	65	YRS.	
0	76. BI	RTHPLACE   STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	MARRIED	NEVER MARRIED	9 BALTIMORE CITY O	_	
30	W	est Virginia	USA	WIDOWED	DIVORCED 🗵		YY COUNTY	e Mi
De la constante de la constant		TY OR TOWN OF DEATH  Cumberland	11. NAME OF HOSPITAL, NI			(TYPE OF WORK FOR MOST OF Retired I	F WORKING LIFE) IND	kind of Business or ustry r-Railroad
3	13a. S	AL RESIDENCE IN NUR GHOME OF STATE 36 COUNTY Va. Inc	NTY 13c. CITY OR	TOWN 113d	INSIDE CITY LIMITS?	13e STREET ADDRESS Rt. 2,016	l Furnace	Road
29	14. FA	THER'S NAME Samueal A	MIDDLE LAS	Т 15. /	MOTHER'S MAIDEN NA Alice V	ME MIDDLE MIDDLE		LAST
medico		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) JIF YES, GIV	E WAR OR DATES)		Mr. John H.	Yaider, J		y. W. Va.
al, cremation, or rer or other traumatic ev		Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause lost.	DUE TO, OR AS A CONS  (b)  DUE TO, OR AS A CONS  (c)	SEQUENCE OF				
or to bury	TION	PART 2. OTHER SIGNIFICANT						
4	CERTIFICAT	190 DATE OF OPERATION	19b. CONDITION FOR W	HICH OPERATION W	AS PERFORMED	200 AUTOPSY?	IN CERTIFYING C	FINDINGS USED AUSES OF DEATH?
19		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH		. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART TOR	PART 2}
open.	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, O		LOCATION	CITY OR TO	WN COL	JNTY STATE
n 21 is mo			ital) attended the deceased f	.19, and th		death accurred on the d		
AT. II Bee		226, SIGNATURE	agner m	DEG	ATTENDING PHYSICIAN	MEDICAL STA DIRECTOR PHYSIC	FF	8-6-PZ
WPORTAN		GARY WAGONER		9		ALSH ROAD,	CUMBERLAN	ND, MD.
	23a E	BURIAL, CREMATION, REMOVAL SPECIES BURIAL	23b. DATE Aug. 8, 1982	Abe Ceme	tery or crematory	23d LOCATION CHYOR TOWN Near Ri	dgeley W	Va STATE

DHMH - 16 50M 4/82 (VRA 15, 4)

24 FUNERAL DIRECTOR
SCARPELLI FUNERAL HOME

108 VIRGINIA AVE. CUMBERLAND, MARYLAND

Near Ridgeley W. Va.

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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR S. NO DECEASED NAME 20. DATE OF (TYPE OR PRINT) Robert Edward Yonker, Sr 4 RACE 3. SEX 5. DATE OF BIRTH 6 AGE (IN YEARS LAST IF UNDER 24 HRS MONTH To. BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED A NEVER MARRIED Maryland US Allegany Co. WIDOWED DIVORCED | IB CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Cumberland Sacred Heart Hospital Contractor General MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13e. STREET ADDRESS 13d INSIDE CITY LIMITS? Maryland Allegany Winchester Road Cumberland YES 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST Willison Clara Webster Yonker BALTIMORE, 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT medico (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) No Yonker as above enevieve APPROXIMATE INTERVAL 18 CAUSE OF DEATH lEnter only one couse pe PART I. DEATH WAS CAUSED BY: other troumotic DIVISION OF VITAL RECORDS, 301 W. PRESTON Conditions, if ony, which gove rise to immediate cause (a), stoting the DUE TO, O underlying PART 2 OTHI BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION prior 20b. IF YES, WERE FINDINGS USED 90 DATE OF OPERATION 1%. CONDITION FOR WHICH OPERATION WAS PERFORMED 28e AUTOPSY? IN CERTIFYING CAUSES OF DEATH? be nd Mental Hygiene NO YES NO [ sho ol-tronsit 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL morked or Item (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 71e PLACE OF INJURY 211. LOCATION 214 INJURY OCCURRED q AT HOME, STREET, FACTORY, OFFICE, FARM COUNTY STATE MOE WHILE AT WORK and that in (my) (our) opinion death occurred for date and hour and from the causes stated DEGREE 100 ATTENDING MEDICAL FUNERAL DIRECTOR PHYSICIAN MPORTANT 22e ADDRESS should be with the S Cumberland, Maryland 230. BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) COUNTY Burial Sunset Mem. Gardens Cumberland 24. FUNERAL DIRECTOR DHMH-16 60M 1/73 ADDRESS ·(VR A 15 (4)) John J. Hafer, Jr. La Vale, Md

STATE OF MARYLAND

The same of the form anylogic in a second line of the line of t American Comment of the Comment of t to a management of the property of the propert Tober | Malle | Tolker | Jones | Clara | Lister | 205 26 6276 ven view M. Saker, as above ARTHURY OF THE SHEW ON THE and the state of the at a sylvide three will be and the real of the delig of the Ja Value, tel.